EXHIBIT 6

	Γ
1	UNITED STATES DISTRICT COURT
2	SOUTHERN DISTRICT OF WEST VIRGINIA
3	AT CHARLESTON
4	:
	IN RE: ETHICON, INC. PELVIC :
5	REPAIR SYSTEM PRODUCTS : MASTER FILE
	LIABILITY LITIGATION : No. 2:12-MD-02327
6	:
	: MDL 2327
7	: JOSEPH R. GOODWIN
	This document relates : US DISTRICT JUDGE
8	:
	to Wave 11 Cases :
9	:
	:
10	
11	August 7, 2019
12	
13	Deposition of LAWRENCE LIND, M.D.,
14	held at 30 Cutter Mill Road, Great Neck,
15	New York, commencing at 12:57 p.m., on the
16	above date, before Marie Foley, a
17	Registered Merit Reporter, Certified
18	Realtime Reporter and Notary Public.
19	
20	
21	GOLKOW LITIGATION SERVICES
22	877.370.3377 ph 917.591.5672 fax
23	Deps@golkow.com
24	

Page 2	Page 4
¹ APPEARANCES:	1
	² EXHIBITS
³ WAGSTAFF & CARTMELL LLP	3
⁴ BY: DAVID C. DeGREEFF, ESQUIRE	⁴ NO. DESCRIPTION PAGE
5 4740 Grand Avenue	⁵ Lind Notice to Take Deposition 29
6 Suite 300	⁶ Exhibit 1 of Lawrence Lind, MD
⁷ Kansas City, Missouri 64112	7
8 816.701.1100	⁸ Lind Flash drive 30
9 ddegreeff@wcllp.com	9 Exhibit 2
10 Representing the Plaintiff	10
11	¹¹ Lind Invoice of Dr. Lind dated 31
12	¹² Exhibit 3 August 29, 2017
13	13
14 RIKER, DANZIG, SCHERER,	¹⁴ Lind Invoice of Dr. Lind dated 32
15 HYLAND, PERRETTI, LLP	15 Exhibit 4 July 1, 2019
16 BY: DIANA KATZ GERSTEL, ESQUIRE	16
Headquarters Plaza	¹⁷ Lind Handwritten Report Index 34
18 One Speedwell Avenue	18 Exhibit 5 of Dr. Lind
¹⁹ Morristown, New Jersey 07962-1981	19
20 973.538.0800	²⁰ Lind Curriculum Vitae of Dr. Lind 68
21 dgerstel@riker.com	21 Exhibit 6
Representing the Defendant	22
23	23
24	24
Page 2	Page 5
Page 3	Page 5
1	1
1 2 TRANSCRIPT INDEX	1 EXHIBITS
1	1
1	1
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D.
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D.
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Lawrence Lind Supplemental 146 Addition to Materials
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report Lind Placeholder for production 182
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report Lind Placeholder for production 182
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report Lind Placeholder for production 182 Exhibit 9 by the witness
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report Lind Placeholder for production 182 Exhibit 9 by the witness
1 TRANSCRIPT INDEX 3 PAGE 4 APPEARANCES	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report Lind Placeholder for production 182 Exhibit 9 by the witness Consulting Agreement dated 293 Exhibit 10 as of January 3, 2002
1 TRANSCRIPT INDEX 2 TRANSCRIPT INDEX 3 PAGE 4 APPEARANCES	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report Lind Placeholder for production 182 Exhibit 9 by the witness Consulting Agreement dated 293 Exhibit 10 as of January 3, 2002
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report Lind Placeholder for production 182 Exhibit 9 by the witness Consulting Agreement dated 293 Exhibit 10 as of January 3, 2002 between Lawrence Lind, M.D.
1 TRANSCRIPT INDEX 3 PAGE 4 APPEARANCES	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report Lind Placeholder for production 182 Exhibit 9 by the witness Consulting Agreement dated 293 Exhibit 10 as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates
1	EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Defense Expert General 145 Exhibit 7 Report of Lawrence Lind, M.D. re TVT, TVT-O, TVT-Exact and TVT-Abbrevo, June 24, 2019 Lind Lawrence Lind Supplemental 146 Exhibit 8 General Materials List in Addition to Materials Referenced in Report Lind Placeholder for production 182 Exhibit 9 by the witness Lind Consulting Agreement dated 293 Exhibit 10 as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates No. ETH.MESH.16009738 to

Page 6	Page 8
1 1	1 age 6
EXHIDITS	LATITUTIO
3	3
⁴ NO. DESCRIPTION PAGE	⁴ NO. DESCRIPTION PAGE
⁵ Lind Clinical Study Agreement 300	⁵ Lind Master Consulting Agreement 342
⁶ Exhibit 11 between Gynecare and North	⁶ Exhibit 18 between Lawrence Lind and
⁷ Shore University Hospital,	⁷ Ethicon, Inc. Dated July
⁸ Bates No. ETH.MESH.00412092	8 10, 2010, Bates No.
⁹ to 00412098	⁹ ETH.MESH.06216861 to
10	10 06216869
Lind Secrecy Agreement dated 307	11
Exhibit 12 January 19, 2004 between	¹² Lind Master Consulting 345
Gynecare and Lawrence	¹³ Exhibit 19 Agreement between Lawrence
Lind, MD, Bates No.	Lind and Ethicon, Inc.
ETH.MESH.09464276 to	dated August 31, 2010,
16 09464279	Bates No. ETH.MESH.02030557
17	to 02030566
Lind E-mail chain ending June 313	18
¹⁹ Exhibit 13 15, 2004, Bates No.	19 Lind EWHU HCP Cognos report run 352
20 ETH.MESH.11003781 to	20 Exhibit 20 11/17/10
	20 EXHIBIT 20 11/1 // 10 21
21 11003783 22	22
23	23
23	24
Page 7	Page 9
1	L A DED COMMISSION OF THE PARTY
	1 DEPOSITION SUPPORT INDEX
² EXHIBITS	1 DEPOSITION SUPPORT INDEX 2
² EXHIBITS	2
2 EXHIBITS 3 4 NO. DESCRIPTION PAGE	² ³ DIRECTION TO WITNESS NOT TO ANSWER
2 EXHIBITS 3 4 NO. DESCRIPTION PAGE	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line
EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7
EXHIBITS EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to	DIRECTION TO WITNESS NOT TO ANSWER Page Line 164 7 164 19
2 EXHIBITS 3 4 NO. DESCRIPTION PAGE 5 Lind Q CDA Log, Bates No. 318 6 Exhibit 14 ETH.MESH.15359953 to 7 15359976	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15
EXHIBITS BY STATE OF THE PROOF	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19
2 EXHIBITS 3 4 NO. DESCRIPTION PAGE 5 Lind Q CDA Log, Bates No. 318 6 Exhibit 14 ETH.MESH.15359953 to 7 15359976 8 9 Lind E-mail chain ending 324 10 Exhibit 15 October 1, 2010, Bates No. 11 ETH.MESH.03642725 to	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11
2 EXHIBITS 3 4 NO. DESCRIPTION PAGE 5 Lind Q CDA Log, Bates No. 318 6 Exhibit 14 ETH.MESH.15359953 to 7 15359976 8 9 Lind E-mail chain ending 324 10 Exhibit 15 October 1, 2010, Bates No. 11 ETH.MESH.03642725 to 12 03642726	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726 Lind E-mail chain ending April 328	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14none
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726 A Lind E-mail chain ending April 328 Lind E-mail chain ending April 328 Exhibit 16 28, 2010, Bates No.	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14none 15
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726 Lind E-mail chain ending April 328 Exhibit 16 28, 2010, Bates No. ETH.MESH.02033638 to	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14none 15 16 STIPULATIONS
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726 Lind E-mail chain ending April 328 Exhibit 16 28, 2010, Bates No. ETH.MESH.02033638 to 02033639	3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14none 15 16 STIPULATIONS 17 Page Line
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726 Lind E-mail chain ending April 328 Exhibit 16 28, 2010, Bates No. ETH.MESH.02033638 to 02033639	3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14none 15 16 STIPULATIONS 17 Page Line 18none
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726 Lind E-mail chain ending April 328 Exhibit 16 28, 2010, Bates No. ETH.MESH.02033638 to 02033639 Lind E-mail chain ending May 336	3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14none 15 16 STIPULATIONS 17 Page Line 18none 19
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726 Lind E-mail chain ending April 328 Exhibit 16 28, 2010, Bates No. ETH.MESH.02033638 to 02033639 Lind E-mail chain ending May 336 Exhibit 17 10, 2010, Bates No.	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14 none 15 16 STIPULATIONS 17 Page Line 18 none 19 20 QUESTIONS MARKED
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726 Lind E-mail chain ending April 328 Exhibit 16 28, 2010, Bates No. ETH.MESH.02033638 to 02033639 Lind E-mail chain ending May 336 Exhibit 17 10, 2010, Bates No. HMESH_ETH_03111719	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14 none 15 16 STIPULATIONS 17 Page Line 18 none 19 20 QUESTIONS MARKED 21 Page Line 21 Page Line 22 Page Line 23 Page Line 24 Page Line 25 Page Line 26 Page Line 27 Page Line 28 Page Line 29 Page Line 20 Page Line
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 EXHIBITS Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 303642726 Lind E-mail chain ending April 328 Exhibit 16 28, 2010, Bates No. ETH.MESH.02033638 to 202033639 Lind E-mail chain ending May 336 Exhibit 17 10, 2010, Bates No. HMESH_ETH_03111719	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14none 15 16 STIPULATIONS 17 Page Line 18none 19 20 QUESTIONS MARKED 21 Page Line 22none
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 EXHIBITS Lind E-mail chain ending 324 EXHIBITS State of the second of the secon	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14none 15 16 STIPULATIONS 17 Page Line 18none 19 20 QUESTIONS MARKED 21 Page Line 22none 23
EXHIBITS NO. DESCRIPTION PAGE Lind Q CDA Log, Bates No. 318 Exhibit 14 ETH.MESH.15359953 to 15359976 Lind E-mail chain ending 324 Exhibit 15 October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726 Lind E-mail chain ending April 328 Exhibit 16 28, 2010, Bates No. ETH.MESH.02033638 to 02033639 Lind E-mail chain ending May 336 Exhibit 17 10, 2010, Bates No. HMESH_ETH_03111719	2 3 DIRECTION TO WITNESS NOT TO ANSWER 4 Page Line 5 164 7 6 164 19 7 165 9 8 165 15 9 166 19 10 11 12 REQUEST FOR PRODUCTION OF DOCUMENTS 13 Page Line 14none 15 16 STIPULATIONS 17 Page Line 18none 19 20 QUESTIONS MARKED 21 Page Line 22none

	Lawrence		•
	Page 10		Page 12
1		1	TVT-O, TVT-Abbrevo and TVT-Exact.
2	12:57 p.m.	2	Q. Doctor, you've been deposed
3	Great Neck, New York	3	before today?
4		4	A. I had a deposition on the TVT,
5	LAWRENCE LIND, M.D., the Witness herein,	5	and in medical malpractice cases I've been
6	having been first duly sworn by a	6	deposed.
7	Notary Public in and of the State of	7	Q. Other than the general
8	New York, was examined and testified as	8	deposition you gave on the TVT in 2017.
9	follows:	9	Is that right?
10	EXAMINATION BY	10	A. '17 or '18.
11	MR. DeGREEFF:	11	MS. GERSTEL: It was '17, yes.
12	Q. Good morning, doctor.	12	BY MR. DeGREEFF:
13	Can you tell us your name?	13	Q. Other than that deposition, have
14	A. Lawrence Lind, L-I-N-D.	14	you been deposed on any Ethicon mesh
15	Q. And Dr. Lind, you have been	15	product?
16	hired as a general liability expert for	16	A. Prolift.
17	Ethicon in this litigation.	17	Q. And that was also the general
18	True?	18	deposition you gave in 2017?
19	A. Yes.	19	A. Yes.
20	Q. Have you also served as a	20	Q. Have you given any case-specific
21	case-specific expert for Ethicon in	21	expert depositions on behalf of Ethicon in
22	various cases in this litigation?	22	this litigation?
23	A. I have.	23	THE WITNESS: In Tays, right?
24	Q. How many?	24	Did we do a deposition in Tays?
	Page 11		Page 13
	1 1 2 1 1		
1	A. About four to four to six	1	MS. GERSTEL: That was in New
1 2	A. About four to four to six	1 2	MS. GERSTEL: That was in New
	A. About four to four to six cases.		MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in
2	A. About four to four to six cases.Q. Have you ever been hired as an	2	MS. GERSTEL: That was in New
2 3 4	A. About four to four to six cases.Q. Have you ever been hired as an expert witness for any other transvaginal	2	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF:
2 3 4	A. About four to four to six cases.Q. Have you ever been hired as an	2 3 4	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes,
2 3 4 5	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer?	2 3 4 5	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF:
2 3 4 5 6	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No.	2 3 4 5 6	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before?
2 3 4 5 6 7	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking	2 3 4 5 6 7	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case.
2 3 4 5 6 7 8	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you	2 3 4 5 6 7 8	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state
2 3 4 5 6 7 8	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert.	2 3 4 5 6 7 8	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017
2 3 4 5 6 7 8 9	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not.	2 3 4 5 6 7 8 9	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was
2 3 4 5 6 7 8 9 10	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of	2 3 4 5 6 7 8 9 10	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not
2 3 4 5 6 7 8 9 10 11	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of	2 3 4 5 6 7 8 9 10 11	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift.
2 3 4 5 6 7 8 9 10 11 12 13	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation?	2 3 4 5 6 7 8 9 10 11 12 13	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay.
2 3 4 5 6 7 8 9 10 11 12 13	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay. BY MR. DeGREEFF:
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation? A. Yes. Q. What is that?	2 3 4 5 6 7 8 9 10 11 12 13 14	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay. BY MR. DeGREEFF: Q. Have you ever been deposed
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation? A. Yes. Q. What is that? A. To give opinions regarding	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay. BY MR. DeGREEFF: Q. Have you ever been deposed previously as an expert for any other
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation? A. Yes. Q. What is that? A. To give opinions regarding efficacy and safety of mesh and sling	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay. BY MR. DeGREEFF: Q. Have you ever been deposed previously as an expert for any other transvaginal mesh manufacturer?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation? A. Yes. Q. What is that? A. To give opinions regarding efficacy and safety of mesh and sling products.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay. BY MR. DeGREEFF: Q. Have you ever been deposed previously as an expert for any other transvaginal mesh manufacturer? A. There was a communication
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation? A. Yes. Q. What is that? A. To give opinions regarding efficacy and safety of mesh and sling products. Q. Any particular mesh and sling	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay. BY MR. DeGREEFF: Q. Have you ever been deposed previously as an expert for any other transvaginal mesh manufacturer? A. There was a communication between myself and I was working on
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation? A. Yes. Q. What is that? A. To give opinions regarding efficacy and safety of mesh and sling products. Q. Any particular mesh and sling products, or just mesh and sling products	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay. BY MR. DeGREEFF: Q. Have you ever been deposed previously as an expert for any other transvaginal mesh manufacturer? A. There was a communication between myself and I was working on research and development for a vaginal
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation? A. Yes. Q. What is that? A. To give opinions regarding efficacy and safety of mesh and sling products. Q. Any particular mesh and sling products, or just mesh and sling products generally?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay. BY MR. DeGREEFF: Q. Have you ever been deposed previously as an expert for any other transvaginal mesh manufacturer? A. There was a communication between myself and I was working on research and development for a vaginal mini sling for Boston Scientific, and some
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. About four to four to six cases. Q. Have you ever been hired as an expert witness for any other transvaginal mesh manufacturer? A. No. Q. And understanding I'm not asking you about consulting. I'm just asking you about litigation expert. A. No, I have not. Q. Do you have an understanding of what you were hired to do on behalf of Ethicon in this litigation? A. Yes. Q. What is that? A. To give opinions regarding efficacy and safety of mesh and sling products. Q. Any particular mesh and sling products, or just mesh and sling products generally? A. So by that you mean did I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. GERSTEL: That was in New Jersey. The Carolyn Tays matter in New Jersey. BY MR. DeGREEFF: Q. So I think the answer is yes, you've been deposed before? A. Yes, in one case. MS. GERSTEL: Could I just state for the record that the 2017 deposition that Dr. Lind gave, it was on TVT and Gynemesh, actually. Not Prolift. MR. DeGREEFF: Okay. BY MR. DeGREEFF: Q. Have you ever been deposed previously as an expert for any other transvaginal mesh manufacturer? A. There was a communication between myself and I was working on research and development for a vaginal mini sling for Boston Scientific, and some of the feedback I gave in a research lab

Page 14 Page 16 Q. Are those two positives you just ¹ feedback on -- at the research phase of a 2 mini sling. pointed out, are those design aspects of Q. And what was the mini sling any of the TVT slings? MS. GERSTEL: Object to form. product? 5 A. At the time, I don't recall. I A. You know, I don't use mini slings presently. So I haven't been don't know if it was named at the time. looking at them and comparing them for It was early in the research and quite a number of years. It's within the 8 development. Q. So you were deposed in the aspect of slings that I look at, I don't 10 Boston Scientific transvaginal mesh have comparisons. litigation? 11 Q. Well, the TVT mini slings -- the 11 TVT-S, which is the Ethicon mini sling, is 12 12 A. Yes. 13 Q. What was the subject matter of off the market. 14 14 that deposition? Right? 15 15 A. It was my positive and negative A. Yes. 16 feedback for improvements and design on Q. So you wouldn't be using 17 the device at a research and design lab. something that's off the market? 18 Q. The design of a Boston 18 A. Correct. 19 19 Scientific product. Q. And my question was the mini slings you're talking about, for example 20 Is that right? the handles, are the handles on the TVT 21 A. Yes. 22 Q. What was your involvement in the products similar? 23 design of that Boston Scientific product? MS. GERSTEL: Object to form. 24 24 They -- the phase that they had A. I haven't seen them for several Page 15 Page 17 prototypes for, they asked me to use the years. So I wouldn't have enough recall device on cadavers and comment on the to compare them. handling, the ease of placing the sling, Q. Well, do you currently use TVT potential improvement, potential problems, products, TVT sling products? things that could be improved. A. Yes. Q. And you pointed out problems. 6 Q. What about the aspect you were 7 Is that right? talking about with the midline --8 8 MS. GERSTEL: Objection. MR. DeGREEFF: Strike that. 9 A. I pointed out beneficial aspects Q. So, this was a transobturator 10 and areas that I thought might be 10 placement device. 11 improved. Is that right? 12 A. Yeah. With the mini slings, Q. What were the beneficial aspects of the Boston Scientific sling that you it's the -- you're placing it to the pointed out? transobturator membrane without 15 A. I thought the shape of the perforating it completely. So it does go handle was favorable for being able to to the obturator membrane, but not through 16 17 plant the anchor at a good angle to the it. obturator membrane. I thought they had 18 Q. Is it a good or bad thing to go some -- a line at the midline I thought 19 through the transobturator membrane? 20 was very helpful in helping to keep the MS. GERSTEL: Object to the

21

22

form.

And the remainder of the

positive and negatives I don't recall.

sling 50 percent on each side.

This was about five years ago.

21

22

A. The key aspect in designing the

mini slings as I do recall giving input,

is that you've got to get the anchor set.

Page 18 ¹ So it's got to go through -- you know, expert in med-mal cases? there's an interior and a posterior aspect A. I would say two or three cases a ³ of the obturator membrane with the muscle year for the last ten years. Q. So 20 to 30 total probably? ⁴ between it. So you have to get through the internal membrane for the anchor to be A. Yes. seated nicely. Otherwise it will pull Q. Of those 20 to 30, how many have 7 been on behalf of the plaintiff, the out. 8 Q. Right. injured party? 9 I think you told me you've given 9 A. Two. 10 one general liability deposition on the 10 Q. And what kind of cases were 11 TVT and Gynecare product on behalf of 11 those? 12 Ethicon and four to five case-specific A. A woman was in labor and the depositions on behalf of Ethicon baby was stuck, and the maneuvers used to, 14 previously. you know, panicked to get the baby out 15 were excruciatingly outside of the usual Is that correct? 16 protocols, and she endured tremendous A. Those are case reports. 17 17 pelvic floor injury. MS. GERSTEL: Objection. 18 A. They have not gone to 18 And the second one was a 19 deposition. laparoscopic case with a patient with five 20 or six previous surgeries with a bowel MR. DeGREEFF: Strike that. My 21 injury. There was steps taken to verify fault. 22 safety of a laparoscopic case in a patient Fair point. 23 23 with a difficult abdomen. THE WITNESS: Okay. 24 24 Q. So, of the 20 to 30 med-mal Page 19 BY MR. DeGREEFF: Q. So, how many depositions have of them you're the plaintiffs' expert? you given total on behalf of TVM A. Correct. manufacturers in litigation brought by Q. Is it fair for me to assume you women against them claiming complications? 6 MS. GERSTEL: Object to the 7 through the rules? form. 8 8 A. Absolutely. A. So, there's the -- there's the 9 Gynemesh and TVT, there's the one Q. Okay.

10 case-specific report, and there's today. 11

Q. Have you ever testified at trial for any manufacturer of transvaginal mesh?

13 A. No.

12

17

18

14 Q. Have you ever been an expert 15 witness in cases unrelated to transvaginal mesh? 16

A. Yes.

O. What kind of cases?

19 A. I take malpractice cases, both plaintiff and defendant cases, for various

21 law firms in the area that know me and

decide when the problem of interest is in mv area.

24

How many times have you been a

cases you've been an expert in, only two

understand how this process works, the deposition process, so we don't have to go

12

13

19

20

21

10 A. I will be a good exchange partner in this process.

Q. Perfect.

Sir, have you ever been sued?

14 A. I had -- as a resident, I was named in three cases. And one of them settled. The settling had nothing to do 17 with my role in the case. And the other 18 two I got dropped.

And since that time, I have not been sued.

O. What was the claim -- were the 22 three cases like companion cases or something? 24

A. One was a very difficult case

Page 20

Page 21

Page 22 Page 24

- with a mother came in sepsis in labor with
- twins in labor, and it was clear that she
- ³ was septic. The vaginal delivery went
- 4 routinely, but the high risk maternal
- fetal medicine doctor was suspicious that
- she probably had group A strep and was in
- tremendous danger of serious
- complications, and both she and the baby
- 9 died.

10

11

20

- Q. What were the allegations against you in that case?
- 12 A. I don't -- they never questioned ¹³ me for anything I did wrong. I think they
 - wanted to know what my role was in surgery
- to see if I was more involved with
- something that might be tangible to the
- outcome. And I assisted with the delivery
- as a second hand. So my role was felt to
- be minimal.
 - The second one was a patient had a abnormal bleeding after a C-section, and
- ²² I was called with the GYN oncology team to
- ²³ help do some artery ligation to reduce
- bleeding, and in the process of the
- Page 23
- procedure, the femoral nerve was
- compressed. So she had some lack of
- ³ sensation in the -- you know, we saved
- ⁴ her -- well, may have saved her life. We
- controlled the bleeding, but in the
- process of controlling the bleeding, we
- kinked and caused some pressure on one --
- the nerves to the vessels of one of her
- legs. It was diagnosed in the recovery
- 10 room and she had to go back and have that
 - released, but she did fine, but she did
- 12 have to go back.
- 13 Q. When you serve as an expert in a case, is it your goal to promote the
- 15 truth?
- 16 A. Yes.
- 17 Q. And not to be an advocate or
- 18 promoter for one side or the other?
- 19 A. Correct.
- 20 Q. You agree that an expert's
- 21 opinion should be unbiased and objective?
- 22 A. I agree.
- 23 Q. When you gave your opinions in
 - this litigation, you wanted to be as

- accurate as possible.
- Is that fair?
- 3 A. Yes.
 - Q. And you want to be as thorough
- in your review of the available
- information, documents and literature as possible.
 - Correct?
- A. Yes.

8

14

15

- 10 Q. And you wanted to make sure you got all of the information and considered all the information that was pertinent to your opinions, right?
 - MS. GERSTEL: Object to the form.
- 16 A. I would describe that -- the
- answer to your question is yes. However,
- as these interviews or depositions
- continue, areas of interest where the
- other party feels I have not been as
- thorough have come to attention. So I
- have continued my research and continued
- my reading and added to my knowledge and
 - resources to be able to be more complete
 - Page 25
 - than I was even at the time of the report.
- Q. So, you reviewed additional information after you had already issued
- your opinions?
 - A. Yes.
 - MS. GERSTEL: Objection.
- BY MR. DeGREEFF:
 - Q. And did you change your opinions
- based on any of that additional
- 10 information?
 - A. No.
- 12 Q. I take it what you actually did
- was just add some stuff to your reliance
- 14 list.

5

11

15

- Is that fair?
- 16 MS. GERSTEL: Object to form.
- 17 A. Well, things were added to the
- reliance list and some were just added to
- my general knowledge just to enable me to be more informed on issues that were
- brought to my attention that I had
- authority on, but not as much authority on
- as I would like to to be authoritative at
- a higher level.

	Page 26		Page 28
1		1	_
2	Q. So following depositions, you	2	physician to promote a position that
3	went and educated yourself better for the	3	jeopardizes the health or safety of his
4	next deposition, is what you did?	4	patients?
5	MS. GERSTEL: Object to the	5	A. I'm sorry. Could you repeat
	form.	6	that?
6	A. I had interest in being educated	7	Q. Would it be unfair for a
7	for the sake of being educated and		physician to promote a position that is
8	knowledgeable for my practice and	8	adverse or could jeopardize the health or
9	teaching, as well as for the depositions,	9	safety of his patients?
10	yes.	10	MS. GERSTEL: Object to the
11	Q. Did you want to make sure you	11	form.
12	had an understanding of both sides of the	12	A. If the information he was given
13	story before you gave your opinions?	13	was incorrect, that would not be
14	A. Yes.	14	appropriate.
15	Q. The relevant information that	15	Q. I think we're saying the same
16	you'd want to consider when rendering your	16	thing, but I'm not sure. Let me ask
17	opinions would include Ethicon internal	17	A. I'm not sure either.
18	documents.	18	Q. Let me ask my question again.
19	Is that fair?	19	A physician shouldn't
20	MS. GERSTEL: Object to the	20	MR. DeGREEFF: Let me ask it
21	form.	21	maybe in a easier way.
22	A. That's a piece amongst a much	22	Q. A physician should not promote a
23	larger group of documents, which is	23	position that is adverse to the health,
24	scientific literature. But those would be	24	safety and welfare of their patients.
1	Page 27		Page 20
1	Page 27	1	Page 29
1 2	included, yes.	1 2	Is that fair?
2	included, yes. Q. Sure.	2	Is that fair? MS. GERSTEL: Object to the
2 3	included, yes. Q. Sure. And it would also include	2	Is that fair? MS. GERSTEL: Object to the form.
2 3 4	included, yes. Q. Sure. And it would also include medical literature?	2 3 4	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that.
2 3 4 5	included, yes. Q. Sure. And it would also include medical literature? A. Sure.	2 3 4 5	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some
2 3 4 5 6	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and	2 3 4 5 6	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this
2 3 4 5 6 7	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products?	2 3 4 5 6	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here.
2 3 4 5 6 7 8	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes.	2 3 4 5 6 7 8	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take
2 3 4 5 6 7 8	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you	2 3 4 5 6 7 8	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was
2 3 4 5 6 7 8 9	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the	2 3 4 5 6 7 8 9	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this
2 3 4 5 6 7 8 9 10	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products?	2 3 4 5 6 7 8 9 10	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.)
2 3 4 5 6 7 8 9 10 11	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes.	2 3 4 5 6 7 8 9 10 11 12	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF:
2 3 4 5 6 7 8 9 10 11 12 13	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions	2 3 4 5 6 7 8 9 10 11 12 13	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you
2 3 4 5 6 7 8 9 10 11 12 13	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the	2 3 4 5 6 7 8 9 10 11 12 13	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1.
2 3 4 5 6 7 8 9 10 11 12 13 14	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the totality of the most relevant available	2 3 4 5 6 7 8 9 10 11 12 13 14	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1. That is the notice for your deposition
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the totality of the most relevant available data and information?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1. That is the notice for your deposition today.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the totality of the most relevant available data and information? MS. GERSTEL: Object to the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1. That is the notice for your deposition today. Have you seen that before?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the totality of the most relevant available data and information? MS. GERSTEL: Object to the form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1. That is the notice for your deposition today. Have you seen that before? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the totality of the most relevant available data and information? MS. GERSTEL: Object to the form. A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1. That is the notice for your deposition today. Have you seen that before? A. Yes. Q. When did you first see it?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the totality of the most relevant available data and information? MS. GERSTEL: Object to the form. A. Yes. Q. As a physician, your patient's	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1. That is the notice for your deposition today. Have you seen that before? A. Yes. Q. When did you first see it? A. A few weeks ago, a month ago.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the totality of the most relevant available data and information? MS. GERSTEL: Object to the form. A. Yes. Q. As a physician, your patient's safety is the most important thing.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1. That is the notice for your deposition today. Have you seen that before? A. Yes. Q. When did you first see it? A. A few weeks ago, a month ago. Q. Who provided it to you?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the totality of the most relevant available data and information? MS. GERSTEL: Object to the form. A. Yes. Q. As a physician, your patient's safety is the most important thing. Fair?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1. That is the notice for your deposition today. Have you seen that before? A. Yes. Q. When did you first see it? A. A few weeks ago, a month ago. Q. Who provided it to you? A. Diana.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	included, yes. Q. Sure. And it would also include medical literature? A. Sure. Q. Would also include standards and testing performed on the products? A. Yes. Q. Would it include making sure you understand the differences between the products? A. Yes. Q. Do you agree that opinions should be able to be substantiated by the totality of the most relevant available data and information? MS. GERSTEL: Object to the form. A. Yes. Q. As a physician, your patient's safety is the most important thing.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Is that fair? MS. GERSTEL: Object to the form. A. I can agree with that. MR. DeGREEFF: Let's do some housekeeping and mark some of this stuff you brought with you here. (Lind Exhibit 1, Notice to Take Deposition of Lawrence Lind, MD, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Dr. Lind, I'm going to hand you what I marked as Deposition Exhibit 1. That is the notice for your deposition today. Have you seen that before? A. Yes. Q. When did you first see it? A. A few weeks ago, a month ago. Q. Who provided it to you?

Page 30 Page 32 1 A. Counsel for Ethicon. statements regarding the defense expert 2 report on TVT and TVT-Exact. Q. And did you bring -- in fairness Q. So is that one of your invoices to you, so, you've brought some things with you today. with regard to preparation of your TVT Correct? 5 products expert report? 6 A. Yes. A. Yes. 7 Q. The general report, correct? MR. DeGREEFF: One of the things A. This would be the report we're 8 is a flash drive, and I'm going to 9 mark it as deposition Exhibit 2. looking at today. 10 (Lind Exhibit 2, flash drive, O. Correct. 10 11 was marked for identification, as of 11 And this would be the bill for 12 12 the report regarding the general liability this date.) 13 BY MR. DeGREEFF: opinions you're giving in the litigation 14 Q. Can you tell me what is on this as a whole. 15 15 flash drive? Fair? 16 16 A. That is a reliance list. Not case-specific. 17 17 O. So this would be all of the A. Yes. 18 materials that are identified on the 18 (Lind Exhibit 4, invoice of Dr. 19 19 reliance list? Lind dated July 1, 2019, was marked 20 20 for identification, as of this date.) A. Those are all the materials on the existing reliance list. There are BY MR. DeGREEFF: 22 ²² materials that I reviewed since that was Q. Then can you tell me what created that are in my head that are also Exhibit 4 is, please, doctor? part of my knowledge and information I A. This is a bill for a Page 31 Page 33 would share today that are not on the ¹ case-specific report. The case-specific report appears to be an error. This is reliance list. 3 Q. Okay. We're going to get to additional records that were reviewed for that in a minute. I just want to make this preparation. sure I understand what's on the flash Q. Okay. So, Exhibit 4 is an 6 drive. additional invoice for review of records related to your general report on the TVT 7 The flash drive includes everything that's on the written products. 9 supplemental exhibit list. Fair? 10 A. Yes. 10 Fair? 11 11 Q. So, it says case-specific, but A. Yes. 12 Q. Then you brought a couple other 12 that's an error. things with you that appear to be 13 13 A. Yes. invoices. 14 Q. It should be generic report? 15 15 Is that correct? A. Correct. Q. Is there anything else that you 16 16 A. Yes. 17 (Lind Exhibit 3, invoice of Dr. brought with you today? 18 Lind dated August 29, 2017, was marked 18 A. I have my general report as it 19 for identification, as of this date.) 19 was served to you. 20 Q. Okay. BY MR. DeGREEFF: 21 21 A. I prepared just an index. It Q. Can you tell me what Exhibit 3 22 just helps me when you ask me about a is, doctor? 23 certain topic, it lets me go to a spot in A. This is an invoice for review of my report more quickly. relevant literature and summary of opinion

Page 34 Page 36 1 I have a 2008 and a 2015 IFU. ¹ disclosure, sometimes when we go to the 2 report, we will go to an area of the And I have the articles that are report and the key thing's going to be to referenced in my report. And I have an index of those ⁴ discuss what's in that section. So articles so I can go to them quickly when sometimes I have written maybe three words that reminds me of what the study is we want to discuss them. Q. Is everything you have in front talking about in that section. My goal of you included on the flash drive? 8 there is to get to that and I say let me go to the study, and we've got to go A. I believe it is. And the flash through the binders and find it and locate 10 drive probably has more articles than are 11 it and I want to review it. I can save us here. 12 12 O. Is the index included on the that time. 13 flash drive? 13 So there are a few words here 14 and there that just remind me of what an THE WITNESS: I don't know the 15 article said. answer to that. 16 16 Q. Okay. Fair enough. MS. GERSTEL: It should be, but 17 17 So, sir, this is a pretty simple I can confirm that. 18 MR. DeGREEFF: It's okay. Let's 18 question. 19 just go ahead and mark it. You're being paid to serve as a 20 (Lind Exhibit 5, handwritten expert witness for Ethicon in this 21 Report Index of Dr. Lind, was marked litigation. 22 for identification, as of this date.) 22 True? 23 23 MR. DeGREEFF: And I'll let you A. Yes. 24 24 continue to use it, obviously. Q. And, so, other than Exhibit 3 Page 35 Page 37 1 THE WITNESS: Do you want a copy and Exhibit 4, have you sent any bills for 2 so you have one to keep? your work on the TVT product general 3 MR. DeGREEFF: No, that's okay. expert report? BY MR. DeGREEFF: A. Let me just -- may I just see 5 Q. Doctor, I've marked Deposition those one more time? 6 Exhibit 5. Q. (Handing.) 7 7 A. (Perusing document.) Can you tell me what that is? 8 A. It's a long report, you know, I have not. 50-plus pages, and we're here to have a Q. Have you incurred any more time several-hour discussion about what's in to date that you have not billed for yet? the report, amongst other things you may 11 A. Yes. want to discuss. And it was -- I found 12 Q. About how much time is that? ¹³ from the past experience that hunting for 13 A. About 25 hours. ¹⁴ areas that we're talking about is useful 14 Q. Will you be billing that 25 hours at \$500 an hour? to just have a one-page thing that lets me 15 go to the spot a little more quickly. 16 16 A. I will. 17 17 Q. Okay. So, this is Q. And is \$500 an hour your rate? essentially -- Exhibit 5 is essentially a 18 A. Yes. Q. What is your rate for the 19 skeleton outline of your report so that 19 deposition here today? vou can --21 21 A. Seven thousand five hundred. A. Right. 22 22 Q. -- find things more quickly? Q. So it's 7,500 is your rate for a 23 A. Right. full-day deposition. Now, I will say, for complete 24 24 Is that correct?

Page 38 Page 40 1 A. Yes, it is. Q. When were you first approached 2 Q. Okay. So, check my math, but to serve as an expert for Ethicon in the that's about another \$20,000? transvaginal mesh litigation? About right. A. About three-and-a-half years 5 5 So that would be initially to ago. the 10,500 and 16,000 that are set forth 6 Q. My math's not very good, but in Exhibits 4 and 3? would that be the beginning of 2016? 8 8 A. Somewhere in the 2016. A. Yes. 9 Q. So that's, what? \$46,500, Q. And you've also done multiple 10 roughly, that you've billed -- that you case-specific expert reports on behalf of will have billed to date once those Ethicon litigation. 12 invoices go out for your work on the TVT Right? 13 general expert report? 13 A. Yes. 14 A. Yes. 14 Q. Approximately how much have you 15 Q. How much did you -billed them for preparing those reports? 16 MR. DeGREEFF: Strike that. A. If you put all these together, 17 Q. Did you do any additional report you put everything together, I think we're 18 related to the Gynecare mesh products? probably in the 200 to \$250,000 range. If 19 you put everything you've already, you By that I mean I guess the POP know, kind of itemized and now tried to 20 products. 21 expand to the case-specific, say from when A. We have a Gynemesh general ²² I started my relationship with them til 22 23 Q. And was that also done in this now for invoices related to pelvic mesh litigation for Ethicon? expert review and participation, it's 200 Page 39 Page 41 1 A. Yes. to 250,000. 2 Q. And those were general expert Q. And that is since the beginning 3 opinions? of 2016? A. Yes. 4 A. Yes. 5 Q. What did you -- how much have Q. I just want to make sure I you billed to date for your work on that? understand what you're saying. I think I 7 A. I don't recall specifically. It do. 8 was two years ago. It would be in the So, since you were first same ballpark. Maybe just slightly less contacted by Ethicon to serve as an expert because it was four products, and I think in this litigation in early 2016, you've it was a little bit less, but it was in been paid roughly 200 to \$250,000 for your 12 12 work as an expert witness? the same ballpark. 13 13 Q. So 40 to \$50,000? Somewhere in A. Yes. 14 14 there? Q. And that would not include any 15 A. I would say 30 to 50 is the consulting work you've done for them. It range I could support. would just be in relation to being a 16 17 Q. Who would know the exact answer 17 litigation expert? to that question? 18 18 A. This is everything from 2016 and 19 A. I could go back to my bank current. Consulting work that I did for records. And am certain that whether it's Ethicon is more than a decade ago. So

if I reviewed my bank records.

the counsel's office or accounting or

²³ have it as well. I know I would have it

²² Gynecare's accounting, I'm sure they would

21

this is excluding what was done in the

development and all the slings that we

2000 to 2010 was different type of work

where I was working with them on product

discussed. 2 Q. Well, the last time you worked 3 for Ethicon wasnt in 2010. 4 Right? 5 A. I don't recall exactly when. It 5 was probably earlier than that 7 Q. Well, it was actually later than 5 that. 8 Right? 1 MS. GERSTEL: Object to the 1 form. 1 form. 1 form. 1 A. As a consultant? 1 don't recall precisely. 1 Q. As you sit here right now, do 1 you have any understanding of how much you 1 when you write out your handwritten, do when you write out what you did? 3 A. Yeah. I write review of binder. 4 You know, TVT literature, review of literature, revie		Lawrence		·
2 Q. Okay. So, is there — I mean, 3 for Ethicon wasn't in 2010. 4 Right? 5 A. I don't recall exactly when. It 5 was probably earlier than that. 8 that. 9 Q. Well, it was actually later than 8 that. 11 form. 12 A. As a consultant? 13 I don't recall precisely. 14 Q. As you sit here right now, do 15 you have any understanding of how much you 16 were paid by Ethicon when working for them 17 under a consulting agreement, master 18 consulting agreement, any other such 19 verbiage they used? Did you have any idea 10 how much they paid you? 12 A. You know, I don't have an 12 accounting on it on hand. 13 I would estimate in the 20 to 24 35,000 range. Page 43 1 Q. Well, in 2011 alone it was over 2 a hundred thousand. 3 Right? 4 MS. GERSTEL: Objection. 5 A. I would have to review that. 6 Q. Okay. We'll get to that. 7 Do you knew, fairly broadly on 12 Exhibit 3 and 4. 13 Do you have any — do you submit 14 any kind of a more detailed itemization to 15 Ethicon? 16 Ethicon? 17 Q. Do you have a more detailed itemization to 18 itemization? 18 itemization? 29 A. To you know, fairly broadly on 19 Exhibit 3 and 4. 10 Do you have a more detailed itemization to 10 Ethicon? 20 Do you have a more detailed itemization to 21 Exhibit 3 and 4. 22 Exhibit 3 and 4. 23 Do you have a more detailed itemization to 24 Exhibit 3 amd 4. 25 Exhibit 3 and 4. 26 Exhibit 3 and 4. 27 Do you have a more detailed itemization to 28 Exhibit 3 and 4. 29 Exhibit 3 and 4. 20 Do you have a more detailed itemization to 29 Exhibit 3 and 4. 20 Do you have a more detailed itemization to 20 making one of those invoices are marked 21 individually. I'll get a binder and I'll 22 go through it and I'll just mark on the 23 first three view of hinder. 24 Vou know, I don't was at meaningful piece of work, I package it and make that a, you complications. Whatever the category is that I've taken as a meaningful piece of work, I package it and make that a, you and I'll and what I've looked at. Q. When you're keeping those notes, do you write down, for example, like if 20 W		_		_
for Ethicon wasn't in 2010. Right? A. I don't recall exactly when. It was probably earlier than that. Q. Well, it was actually later than that. Right? MS. GERSTEL: Object to the form. A. As a consultant? I don't recall precisely. A. As a consultant? A. As a consultant? A. As a consultant? A. As a consultang of how much you were paid by Ethicon when working for them under a consulting agreement, anster under a consulting agreement, anster consulting agreement, any other such how much they paid you? A. You know, I don't have an accounting on it on hand. A. You know, I don't have an accounting on it on hand. Right? A. You well, in 2011 alone it was over a hundred thousand. Right? MS. GERSTEL: Objection. A. I would estimate in the 20 to a hundred thousand. Right? MS. GERSTEL: Objection. A. I would estimate in the 20 to a hundred thousand. Right? MS. GERSTEL: Objection. A. I would estimate in the 20 to a hundred thousand. Right? MS. GERSTEL: Objection. A. I would estimate in the 20 to a hundred thousand. Right? MS. GERSTEL: Objection. A. I would estimate in the 20 to a hundred thousand. Right? MS. GERSTEL: Objection. A. I would estimate in the 20 to a hundred thousand. Right? MS. GERSTEL: Objection. A. I would estimate in the 20 to a hundred thousand. Right? MS. GERSTEL: Objection. A. I would estimate in the 20 to a hundred thousand. MR. DeGREEFF: Strike that. Q. Okay. We'll get to that. Do you know, fairly broadly on that was usted, as I recall. I'm not certain of that. MR. DeGREEFF: Have we have those been produced? MS. GERSTEL: At his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.				
4 Right? 5 A. I don't recall exactly when. It 6 was probably earlier than that. 7 Q. Well, it was actually later than 8 that. 8 that. 9 Kight? 10 MS. GERSTEL: Object to the 11 form. 12 A. As a consultant? 13 I don't recall precisely. 14 Q. As you sit here right now, do 15 you have any understanding of how much you were paid by Ethicon when working for them 16 under a consulting agreement, any other such 17 corbiage they used? Did you have any idea 18 to wom, I don't have an 22 accounting on it on hand. 23 I would estimate in the 20 to 24 35,000 range. Page 43 1 Q. Well, in 2011 alone it was over 24 a hundred thousand. 25 Right? 4 MS. GERSTEL: Objection. 5 A. I would have to review that. 6 Q. Okay. We'll get to that. 7 Do you keep any kind of itemization of your time spent on — 9 MR. DeGREEFF: Strike that. 9 Q. So, your invoices are broken 10 down, you know, fairly broadly on 11 Ethicon? 12 Exhibit 3 and 4. 13 Do you kaeven any — do you submit 14 any kind of a more detailed itemization to 15 Ethicon? 16 Well, in 2011 alone it was over 17 Identure search on my own, TVT 18 complications. Whatever the category is that I've taken as a meaningful piece of 10 work, I package it and make that a, you write olook at and I'll go through everything that I have and I'll go up and it and I'll go through everything that I have and I'll go up and it and I'll go through everything that I have and I'll go up and it and I'll go through everything that I have and I'll go through ev		- · · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·
5 A. I don't recall exactly when. It 6 was probably earlier than that. 7 Q. Well, it was actually later than 8 that. 8 Right? 9 MS. GERSTEL: Object to the 11 form. 12 A. As a consultant? 13 I don't recall precisely. 14 Q. As you sit here right now, do 15 you have any understanding of how much you were paid by Ethicon when working for them 16 under a consulting agreement, master 17 ocusulting agreement, master 18 consulting agreement, master 19 verbiage they used? Did you have any idea 20 how much they paid you? 21 A. Yeah. I write review of binder. 22 you have a family literature, review of of itierature search on my own, TVT 23 itierature search on my own, TVT 24 work. I package it and make that a, you 25 work. I package it and make that a, you 26 work. I package it and make that a, you 27 work I package it and make that a, you 28 where I have everything I have to look at and I'll go through everything that I have and I'll mark what I've looked at. 4 Q. Well my our's keeping those notes, do you write down, for example, like if you have a call with defense counsel? 4 A. There are some — there are some 29 a lundred thousand. 20 Well, in 2011 alone it was over 20 a hundred thousand. 21 Q. Well, in 2011 alone it was over 22 a hundred thousand. 23 Right? 24 MS. GERSTEL: Objection. 25 A. I would have to review that. 26 Q. Well get to that. 27 Do you keep any kind of itemization of your time spent on — 28 MR. DeGREEFF: Strike that. 29 Q. So, your invoices are broken itemization of your time spent on — 29 MR. DeGREEFF: Strike that. 20 Q. Do you have a more detailed itemization to that was listed, as I recall. I'm not certain of that. 29 Care and I think those are on some of the case-specific and I think on the — they may be on the invoice for the Gynemesh. I think it includes one preparatory session that was listed, as I recall. I'm not certain of that. 29 Care and I'll you specifically what they were, but I know that we did produce invoices at his Gynemesh. 20 Care and I'll you specifically what they were, but I know			3	· · · · · · · · · · · · · · · · · · ·
b was probably earlier than that. Q. Well, it was actually later than b that. Right? MS. GERSTEL: Object to the form. A As a consultant? Q. As you sit here right now, do you have any understanding of how much you were paid by Ethicon when working for them under a consulting agreement, any other such verbiage they used? Did you have any exteriage they used? Did you have any accounting on it on hand. I would estimate in the 20 to 35,000 range. Page 43 Q. Well, in 2011 alone it was over a hundred thousand. Right? MS. GERSTEL: Objection. A. I would have to review that. Q. Okay. We'll get to that. Do you keep any kind of itemization of your time spent on — MR. DeGREEFF: Strike that. Q. Os, your invoices are broken down, you know, fairly broadly on Exhibit 3 and 4. Do you have any — do you submit any kind of a more detailed itemization to Ethicon? A. I don't. MR. DeGREEFF: Okay. What about the case-specific deposition in the he's had, it was the Tays deposition. MR. DeGREEFF: Okay. Yeah, that's our case.		_	4	· ·
7 literature search on my own, TVT complications. Whatever the category is of that. 8 complications. Whatever the category is of that I was a consultant? 12 A. As a consultant? 13 I don't recall precisely. 14 Q. As you sit here right now, do you have any understanding of how much you were paid by Ethicon when working for them of your day agreement, master overbiage they used? Did you have any idea how much they paid you? 16 Worthage they used? Did you have any idea accounting on it on hand. 1 would estimate in the 20 to 23 35,000 range. 24 Q. Well, in 2011 alone it was over a hundred thousand. Right? 4 MS. GERSTEL: Objection. 5 A. I would have to review that. Q. Okay. We'll get to that. Q. Okay. W		· · · · · · · · · · · · · · · · · · ·	١.	
8 that. 9 Right? 10 MS. GERSTEL: Object to the 11 form. 12 A. As a consultant? 12 I don't recall precisely. 14 Q. As you sit here right now, do 15 you have any understanding of how much you 16 were paid by Ethicon when working for them 17 under a consulting agreement, any other such 18 consulting agreement, any other such 19 verbiage they used? Did you have any idea 18 consulting agreement, any other such 19 verbiage they used? Did you have any idea 18 consulting agreement, and I'll mark what I've looked at. 16 Q. When you're keeping those notes, 17 do you write down, for example, like if 18 you have a call with defense counsel? 18 you have a call with defense counsel? 19 A. There are some there are some 10 you write down for example, like if 18 you have a call with defense counsel? 18 you have a call with defense counsel? 20 Q. A call with defense counsel. 21 A. There are some there are some 22 invoices that have phone meeting or 23 in-person meeting with counsel. Q. Where are those invoices? 24 Cases-specific and I think on the they 28 may be on the invoice for the Gynemesh. I 29 think it includes one preparatory session 29 think it includes one preparatory session 20 think it includes one preparatory session 20 think it includes one preparatory session 21 think it includes one preparatory session 21 think it includes one preparatory session 22 think and 30 you have any do you submit 31 you have any do you submit 32 you have any do you submit 34 you have any do you submit 35 you have any do you submit 36 you have any do you submit 37 you have any do you submit 38 you have any do you submit 39 you have any do you submit 39 you have any do you submit 39 you have any do you submit 30 you have any do you submit 30 you have any do you submit 30 you have any do		± •	6	
9		- · · · · · · · · · · · · · · · · · · ·	/	-
MS. GERSTEL: Object to the form. A As a consultant? Idon't recall precisely. Q. As you sit here right now, do were paid by Ethicon when working for them under a consulting agreement, master very bring agreement, any other such verbiage they used? Did you have any idea how much they paid you? A You know, I fant what I've looked at. Q. Well, in 2011 alone it was over a hundred thousand. Right? Q. Well, in 2011 alone it was over a hundred thousand. Right? MS. GERSTEL: Objection. A. I would have to review that. Q. Okay. We'll get to that. Do you keep any kind of itemization of your time spent on— MR. DeGREEFF: Strike that. Q. So, your invoices are broken the invoices are marked individually. I'll get a binder and I'll gost through it and I'll just mark on the produce invoices related to his work in the Tays matter at that deposition. Work I package it and make that a, you know, a time element package that's useful to know, a time element package that's useful to know, a time element package that's useful to know, and then I take where I have everything I have to look at and I'll go through everything that I have where I have everything that I have where I have everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look at and I'll go through everything I have to look				
form. A. As a consultant? I don't recall precisely. Q. As you sit here right now, do you have any understanding of how much you were paid by Ethicon when working for them under a consulting agreement, any other such how much they paid you? I how much they paid you? I would estimate in the 20 to I would estimate in the 20 to A. I would estimate in the 20 to A. I would have to review that. Q. Okay. We'll get to that. A. I think those are on some of the case-specific and I think on the they may be on the invoice for the Gynemesh. I think it includes one preparatory session MR. DeGREEFF: At his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific deposition that he's were, but I know that we did produce invoices at his Gynemesh deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case: MOR. DeGREEFF: Okay. Yeah, that's our case: MOR. DeGREEFF: Okay. Yeah, that's our case: MOR. DeGREEFF: Okay. Yeah, that's our case:		9		
A. As a consultant? I don't recall precisely. Q. As you sit here right now, do you have any understanding of how much you were paid by Ethicon when working for them under a consulting agreement, master consulting agreement, any other such werbiage they used? Did you have any idea how much they paid you? A. You know, I don't have an accounting on it on hand. I would estimate in the 20 to A. You know, I don't have an Q. Well, in 2011 alone it was over a hundred thousand. Right? MS. GERSTEL: Objection. A. I would have to review that. Q. Okay. We'll get to that. Do you keep any kind of it emization of your time spent on MR. DeGREEFF: Strike that. Q. So, your invoices are broken MR. DeGREEFF: Strike that. Q. So, your invoices are broken lown, you know, fairly broadly on Exhibit 3 and 4. Do you have any do you submit any kind of a more detailed itemization of making one of those invoices are marked individually. I'll get a binder and I'll gothrough everything I have to look at and I'll go through everything that I have where I have everything that I have where I have everything that I have where I have everything that I have and I'll go through everything that I have and I'll go through everything that I have and I'll go through everything that I have where I have everything that I have and I'll go through everything that I have an		· ·		- · ·
13 I don't recall precisely. 14 Q. As you sit here right now, do 15 you have any understanding of how much you 16 were paid by Ethicon when working for them 17 under a consulting agreement, any other such 18 consulting agreement, any other such 19 verbiage they used? Did you have any idea 20 how much they paid you? 21 A. You know, I don't have an 22 accounting on it on hand. 23 I would estimate in the 20 to 24 35,000 range. Page 43 Q. Well, in 2011 alone it was over 2 a hundred thousand. Right? MS. GERSTEL: Objection. MS. GERSTEL: Objection. MR. DeGREEFF: Strike that. Q. Okay. We'll get to that. Do you keep any kind of 2 itemization of your time spent on 2 MR. DeGREEFF: Strike that. Q. So, your invoices are broken 10 down, you know, fairly broadly on 11 any kind of a more detailed itemization to 12 Ethibit 3 and 4. 13 Do you have any do you submit 14 any kind of a more detailed itemization? 15 A. The documents that go into 16 making one of those invoices are marked 17 individually. I'll get a binder and I'll 20 go through everything I have to look at and I'll got hrough everything that I have and I'll mark what I've looked at. Q. When you're keeping those notes, and I'll mark what I've looked at. Q. When you're keeping those notes, do you write down, for example, like if you have a call with defense counsel? A. If I have a what? Q. A call with defense counsel? A. There are some there are some invoices that have phone meeting or in-person meeting with counsel. Q. Where I have everything I have and I'll got have and I'll got have and I'll got have and I'll got have a call with defense counsel? A. If I have a what? Q. A call with defense counsel? A. There are some there are some invoices from exit pour beauting of the series of the case-specific and I hink to on the they amy be on the invoice for the Gynemesh. I think it includes one preparatory session that was listed, as I recall. I'm not certain of that. MR. DeGREEFF: Have we have those every produced invoices. I can't tell you speci				
14 Q. As you sit here right now, do you have any understanding of how much you were paid by Ethicon when working for them working agreement, master under a consulting agreement, any other such verbiage they used? Did you have any idea how much they paid you? 20 how much they paid you? 21 A. You know, I don't have an accounting on it on hand. 22 accounting on it on hand. 23 I would estimate in the 20 to 23 35,000 range. 24 35,000 range. 26 Page 43 Q. Well, in 2011 alone it was over a hundred thousand. Right? 3 Right? 4 MS. GERSTEL: Objection. 4 I think those are on some of the a hundred thousand. 6 Q. Okay. We'll get to that. 7 Do you keep any kind of itemization of your time spent on 9 MR. DeGREEFF: Strike that. 10 Q. So, your invoices are broken 11 down, you know, fairly broadly on 12 Exhibit 3 and 4. 12 Sthibit 3 and 4. 13 Do you have a more detailed itemization to Ethicon? 14 A. The documents that go into 15 I think it in the Tays deposition. 16 A. The documents that go into 17 MR. DeGREEFF: Okay. Weat, that's our case. 18 and I'll just mark on the 19 MR. DeGREEFF: Okay. Yeah, that's our case. 14 MR. DeGREEFF: Okay. Yeah, that's our case. 15 MR. DeGREEFF: Okay.				1 0
15 you have any understanding of how much you 15 were paid by Ethicon when working for them 16 were paid by Ethicon when working for them 17 under a consulting agreement, master 18 consulting agreement, any other such 19 verbiage they used? Did you have any idea 20 how much they paid you? 20 A. You know, I don't have an 21 A. You know, I don't have an 22 accounting on it on hand. 23 I would estimate in the 20 to 23 35,000 range. Page 43 1 Q. Well, in 2011 alone it was over 2 a hundred thousand. 3 Right? 3 may be on the invoice for the Gynemesh. I 4 think it includes one preparatory session 5 A. I would have to review that. 7 Do you keep any kind of 8 itemization of your invoices are broken 11 down, you know, fairly broadly on 12 Exhibit 3 and 4. 13 Do you have any do you submit 4 any kind of a more detailed 15 think it includes one preparatory session 16 Ethicon? 17 A. I don't. 18 were, but I know that we did produce invoices at his Gynemesh deposition. 18 MR. DeGREEFF: Okay. What about 19 MR. DeGREEFF: Okay. What about 19 MR. DeGREEFF: Okay. Yeah, 19 Tont how many hours, and then I take 20 MR. DeGREEFF: Okay. Yeah, 19 Tont how many hours, and then I take 20 MR. DeGREEFF: Okay. Yeah, 10				, e
16 were paid by Ethicon when working for them 17 under a consulting agreement, master 18 consulting agreement, any other such 19 verbiage they used? Did you have any idea 20 how much they paid you? 21 A. You know, I don't have an 22 accounting on it on hand. 23 I would estimate in the 20 to 24 35,000 range. Page 43 Q. Well, in 2011 alone it was over 2 a hundred thousand. Right? MS. GERSTEL: Objection. A. I would have to review that. Q. Okay. We'll get to that. Do you keep any kind of 8 itemization of your time spent on 9 MR. DeGREEFF: Strike that. Q. So, your invoices are broken 10 down, you know, fairly broadly on 11 down, you know, fairly broadly on 12 Exhibit 3 and 4. 13 Do you have any do you submit 14 any kind of a more detailed itemization to 15 Ethicon? 16 A. I don't. Q. Do you have a more detailed 17 to where are those invoices name of the case-specific and I think on the they 18 may be on the invoice for the Gynemesh. I 29 this it and 4. Co So, your invoices are broken 19 MR. DeGREEFF: Strike that. Q. So, your have any do you submit 10 any kind of a more detailed itemization to 15 Ethicon? 16 A. The documents that go into 17 Q. Do you have a more detailed 18 itemization? 19 A. The documents that go into 19 MR. DeGREEFF: Okay. What about the case-specific deposition that he's 18 had, it was the Tays deposition. 19 MR. DeGREEFF: Okay. Yeah, 19 MR. DeGREEFF: Okay. Yeah, 10 MR. DeGREEFF: Okay. Yeah, 11 do you write down, for example, like if 20 you have a call with defense counsel. A. If I have a what? Q. A. If I have a what? Q. Where are those invoices? A. I think those are on some of the 22 case-specific and I think on the they 3 may be on the invoice for the Gynemesh. I 4 think it includes one preparatory session 4 think it includes one preparatory session 5 that was listed, as I recall. I'm not 6 certain of that. MR. DeGREEFF: Have we have 6 those been produced? MS. GERSTEL: At his Gynemesh 6 deposition, we produced invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What				· · ·
under a consulting agreement, master consulting agreement, any other such verbiage they used? Did you have any idea how much they paid you? A. You know, I don't have an accounting on it on hand. I would estimate in the 20 to a lundred thousand. Right? MS. GERSTEL: Objection. A. I would have to review that. Q. Okay. We'll get to that. Q. Okay. We'll get to that. Q. Oso, your invoices are broken MR. DeGREEFF: Strike that. Q. So, your invoices are broken Commendate and A. I don't. A. I don't. A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll ago through it and I'll just mark on the Individually. I'll get a binder and I'll ago through it and I'll just mark on the Individually. I'll get a binder and I'll ago through it and I'll just mark on the I down womth they paid you? A. If I have a what? A. There are some there are some invoices that have phone meeting or in-person meeting with counsel. A. There are some there are some invoices that have phone meeting or in-person meeting with counsel. A. There are some there are some invoices that have phone meeting or in-person meeting with counsel. A. If lhink it includes one preparatory session A. I think those are on some of the case-specific and I think on the they may be on the invoice for the Gynemesh. I hink it includes one preparatory session A. I think those are on some of the case-specific and I think on the they may be on the invoice for the Gynemesh. I hink it includes one preparatory session A. I think those are on some of the case-specific and I think on the they may be on the invoice for the Gynemesh. I hink it includes one p		•		
18 consulting agreement, any other such 19 verbiage they used? Did you have any idea 20 how much they paid you? 21 A. You know, I don't have an 22 accounting on it on hand. 23 I would estimate in the 20 to 24 35,000 range. Page 43 1 Q. Well, in 2011 alone it was over 2 a hundred thousand. 2 Right? 3 MS. GERSTEL: Objection. 5 A. I would have to review that. 6 Q. Okay. We'll get to that. 7 Do you keep any kind of 8 itemization of your time spent on 9 MR. DeGREEFF: Strike that. 10 Q. So, your invoices are broken 11 down, you know, fairly broadly on 25 Ethicon? 16 A. I don't. 17 Q. Do you have any do you submit 18 you have a call with defense counsel? A. If I have a what? Q. A call with defense counsel? A. I fhre are some there are some invoices that have phone meeting or in-person meeting with counsel. A. I think those are on some of the case-specific and I think on the they may be on the invoice for the Gynemesh. I think it includes one preparatory session that was listed, as I recall. I'm not certain of that. 7 MR. DeGREEFF: Have we have those been produced? MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the trays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.				- · · · · · · · · · · · · · · · · · · ·
19 verbiage they used? Did you have any idea 19 low much they paid you? 20 Q. A call with defense counsel. A. There are some 21 A. There are some 22 22 accounting on it on hand. 22 23 35,000 range. 24 Page 43 Q. Where are those invoices? 24 Q. Where are those invoices? 25 Q. Where are those invoices? 26 Q. Where are those invoices? 27 A. I think those are on some of the 28 case-specific and I think on the they 3 may be on the invoice for the Gynemesh. I 4 think it includes one preparatory session 4 think it includes one preparatory s				
20		· · · · · · · · · · · · · · · · · · ·		
A. You know, I don't have an accounting on it on hand. I would estimate in the 20 to I would estimate in the 20 to A. Journal and accounting on it on hand. I would estimate in the 20 to A. Journal alone it was over a hundred thousand. Right? MS. GERSTEL: Objection. A. I would have to review that. O. Okay. We'll get to that. Do you keep any kind of itemization of your time spent on MR. DeGREEFF: Strike that. O. So, your invoices are broken down, you know, fairly broadly on Exhibit 3 and 4. Do you have any do you submit any kind of a more detailed itemization? A. I don't. O. Do you have a more detailed itemization? A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll was front how many hours, and then I take A. There are some there are some invoices that have phone meeting or in-person meeting with counsel. A. I would estimate in the 20 to Page 43 A. I think those are on some of the case-specific and I think on the they may be on the invoice for the Gynemesh. I A. I think those are on some of the case-specific and I think on the they may be on the invoice for the Gynemesh. I MR. DeGREEFF: Have we have those been produced? MR. DeGREEFF: Have we have those been produced? MR. DeGREEFF: At his Gynemesh deposition, we produce invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.		- · · · · · · · · · · · · · · · · · · ·		
22 accounting on it on hand. 23 I would estimate in the 20 to 24 35,000 range. Page 43 1 Q. Well, in 2011 alone it was over 2 a hundred thousand. 3 Right? 4 MS. GERSTEL: Objection. 5 A. I would have to review that. 6 Q. Okay. We'll get to that. 7 Do you keep any kind of 8 itemization of your time spent on 9 MR. DeGREEFF: Strike that. 10 Q. So, your invoices are broken 11 down, you know, fairly broadly on 12 Exhibit 3 and 4. 13 Do you have any do you submit 14 any kind of a more detailed itemization to 15 Ethicon? 16 A. I don't. 17 Q. Do you have a more detailed itemization? 18 itemization? 19 A. The documents that go into 20 making one of those invoices are marked 21 individually. I'll get a binder and I'll 22 go through it and I'll just mark on the 21 invoices that have phone meeting or in-person meeting with counsel. 23 in-person meeting with counsel. 24 Q. Where are those invoices? Page 45 A. I think those are on some of the case-specific and I think on the they 2 may be on the invoice for the Gynemesh. I 4 think it includes one preparatory session 4 that was listed, as I recall. I'm not 6 certain of that. 7 MR. DeGREEFF: Have we have 4 those been produced? MS. GERSTEL: At his Gynemesh 4 deposition, we produced invoices. I 2 can't tell you specifically what they 3 were, but I know that we did produce 3 invoices at his Gynemesh deposition. 4 MR. DeGREEFF: Okay. What about 4 the case-specific? MS. GERSTEL: The one 5 case-specific deposition that he's 6 had, it was the Tays deposition in the 7 New Jersey litigation, and we did 7 produce invoices related to his work 8 in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, 8 that's our case.		* * *		
I would estimate in the 20 to 35,000 range. Page 43 Q. Well, in 2011 alone it was over a hundred thousand. Right? MS. GERSTEL: Objection. A. I would have to review that. O. Okay. We'll get to that. Do you keep any kind of itemization of your time spent on MR. DeGREEFF: Strike that. O. So, your invoices are broken down, you know, fairly broadly on Exhibit 3 and 4. Do you have any do you submit Any kind of a more detailed itemization to Ethicon? A. I don't. O. Do you have a more detailed itemization? A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the go through it and I'll just mark on the go through it and I'll just mark on the grant over the series invoices? Page 43 A. I think those are on some of the case-specific and I think on the they may be on the invoice for the Gynemesh. I think it includes one preparatory session that was listed, as I recall. I'm not certain of that. MR. DeGREEFF: Have we have those been produced? MR. DeGREEFF: Have we have those been produced? MR. DeGREEFF: Have we have those been produced? MR. DeGREEFF: Okay. What about the case-specific? MR. DeGREEFF: Okay. What about the case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.				
Page 43 Q. Well, in 2011 alone it was over a hundred thousand. Right? MS. GERSTEL: Objection. A. I would have to review that. O. Okay. We'll get to that. Do you keep any kind of itemization of your time spent on MR. DeGREEFF: Strike that. Q. So, your invoices are broken and wind of a more detailed itemization? A. I don't. Do you have a more detailed itemization? A. I don't. A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll got through it and I'll just mark on the gas through it and I'll just mark on the gas through it and solve invoices are manked individually. I'll get a binder and I'll got through it and I'll just mark on the gas through it and I'l				
Page 43 Q. Well, in 2011 alone it was over a hundred thousand. Right? MS. GERSTEL: Objection. A. I would have to review that. Q. Okay. We'll get to that. Do you keep any kind of itemization of your time spent on MR. DeGREEFF: Strike that. Q. So, your invoices are broken down, you know, fairly broadly on Exhibit 3 and 4. Do you have any do you submit any kind of a more detailed itemization to Ethicon? A. I don't. Q. Do you have a more detailed itemization? A. I don't. Q. Do you have a more detailed itemization? A. I don't. A. I think those are on some of the case-specific and I think on the they may be on the invoice for the Gynemesh. I think it includes one preparatory session that was listed, as I recall. I'm not certain of that. MR. DeGREEFF: Have we have those been produced? MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.				<u> </u>
1 Q. Well, in 2011 alone it was over 2 a hundred thousand. 3 Right? 4 MS. GERSTEL: Objection. 5 A. I would have to review that. 6 Q. Okay. We'll get to that. 7 Do you keep any kind of 8 itemization of your time spent on 9 MR. DeGREEFF: Strike that. 10 Q. So, your invoices are broken 11 down, you know, fairly broadly on 12 Exhibit 3 and 4. 13 Do you have any do you submit 14 any kind of a more detailed itemization to 15 Ethicon? 16 A. I don't. 17 Q. Do you have a more detailed 18 itemization? 19 A. The documents that go into 19 MR. DeGREEFF: Okay. What about the side individually. I'll get a binder and I'll 20 go through it and I'll just mark on the 21 go through it and I'll just mark on the 22 case-specific and I think on the they 23 may be on the invoice for the Gynemesh. I 24 think it includes one preparatory session 25 that was listed, as I recall. I'm not 26 certain of that. 7 MR. DeGREEFF: Have we have those been produced? 8 MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I 26 can't tell you specifically what they 27 were, but I know that we did produce invoices at his Gynemesh deposition. 28 MR. DeGREEFF: Okay. What about the case-specific deposition that he's had, it was the Tays deposition in the 29 NR. DeGREEFF: Okay. Yeah, that's our case.	24	35,000 range.	24	Q. Where are those invoices?
2 a hundred thousand. 3 Right? 4 MS. GERSTEL: Objection. 5 A. I would have to review that. 6 Q. Okay. We'll get to that. 7 Do you keep any kind of 8 itemization of your time spent on 9 MR. DeGREEFF: Strike that. 10 Q. So, your invoices are broken 11 down, you know, fairly broadly on 12 Exhibit 3 and 4. 13 Do you have any do you submit 14 any kind of a more detailed itemization to 15 Ethicon? 16 A. I don't. 17 Q. Do you have a more detailed 18 itemization? 19 A. The documents that go into 19 MR. DeGREEFF: Okay. What about 20 making one of those invoices are marked 21 individually. I'll get a binder and I'll 22 go through it and I'll just mark on the 23 front how many hours, and then I take 2 case-specific and I think on the they may be on the invoice for the Gynemesh. I think it includes one preparatory session that was listed, as I recall. I'm not certain of that. 7 MR. DeGREEFF: Have we have those been produced? 9 MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific dequal. MR. DeGREEFF: Have we have those been produced? MR. DeGREEFF: Have we have those been produced? MR. DeGREEFF: Okay. What they were, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition, we produced invoices. I can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition, we produced i		Page 43		Page 45
Right? MS. GERSTEL: Objection. A. I would have to review that. Q. Okay. We'll get to that. Do you keep any kind of itemization of your time spent on MR. DeGREEFF: Strike that. Q. So, your invoices are broken down, you know, fairly broadly on Exhibit 3 and 4. Do you have any do you submit any kind of a more detailed itemization to Ethicon? A. I don't. Q. Do you have a more detailed itemization? A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the making one of those invoices, and then I take and MR. DeGREEFF: Okay. Yeah, that's our case. may be on the invoice for the Gynemesh. I think it includes one preparatory session that was listed, as I recall. I'm not certain of that. MR. DeGREEFF: Have we have those been produced? MR. GERSTEL: At his Gynemesh deposition, we produced invoices. I can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.	1	Q. Well, in 2011 alone it was over	1	A. I think those are on some of the
MS. GERSTEL: Objection. A. I would have to review that. Q. Okay. We'll get to that. Do you keep any kind of itemization of your time spent on MR. DeGREEFF: Strike that. Q. So, your invoices are broken down, you know, fairly broadly on Exhibit 3 and 4. Do you have any do you submit any kind of a more detailed itemization to Ethicon? A. I don't. Q. Do you have a more detailed itemization? A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the think it includes one preparatory session that was listed, as I recall. I'm not certain of that. MR. DeGREEFF: Have we have those been produced? MR. GERSTEL: At his Gynemesh deposition, we produced invoices. I can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.	2	a hundred thousand.	2	case-specific and I think on the they
5 A. I would have to review that. 6 Q. Okay. We'll get to that. 7 Do you keep any kind of 8 itemization of your time spent on 9 MR. DeGREEFF: Strike that. 10 Q. So, your invoices are broken 11 down, you know, fairly broadly on 12 Exhibit 3 and 4. 13 Do you have any do you submit 14 any kind of a more detailed itemization to 15 Ethicon? 16 A. I don't. 17 Q. Do you have a more detailed 18 itemization? 19 A. The documents that go into 10 making one of those invoices are marked 21 individually. I'll get a binder and I'll 22 go through it and I'll just mark on the 23 front how many hours, and then I take 5 that was listed, as I recall. I'm not 6 certain of that. 7 MR. DeGREEFF: Have we have those been produced? 9 MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I 11 can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. 14 MR. DeGREEFF: Okay. What about 15 that was listed, as I recall. I'm not certain of that. 7 MR. DeGREEFF: Have we have those been produced? 9 MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I 11 can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. 14 MR. DeGREEFF: Okay. What about 15 that was listed, as I recall. I'm not certain of that. 7 MR. DeGREEFF: Have we have those been produced? 10 MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I 11 can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. 14 MR. DeGREEFF: Okay. What about 15 that was listed, as I recall. I'm not 16 MR. DeGREEFF: Okay. What about 16 MR. DeGREEFF: Okay. Yeah, 17 Can't tell you specifically what they were, but I know that we did produce 18 invoices at his Gynemesh deposition. 19 MR. DeGREEFF: Okay. What about 19 New Jersey litigation, and we did 19 produce invoices related to his work 19 in the Tays matter at that deposition. 19 MR. DeGREEFF: Okay. Yeah, 19 Can't tell you specifically what hey 10 ca	3	Right?	3	may be on the invoice for the Gynemesh. I
6 Q. Okay. We'll get to that. 7 Do you keep any kind of 8 itemization of your time spent on 9 MR. DeGREEFF: Strike that. 10 Q. So, your invoices are broken 11 down, you know, fairly broadly on 12 Exhibit 3 and 4. 13 Do you have any do you submit 14 any kind of a more detailed itemization to 15 Ethicon? 16 A. I don't. 17 Q. Do you have a more detailed 18 itemization? 19 A. The documents that go into 10 deposition, we produced invoices. I 11 can't tell you specifically what they 12 were, but I know that we did produce 13 invoices at his Gynemesh deposition. 14 MR. DeGREEFF: Okay. What about 15 the case-specific? 16 MS. GERSTEL: The one 17 case-specific deposition that he's 18 had, it was the Tays deposition in the 19 New Jersey litigation, and we did 19 produce invoices related to his work 10 in the Tays matter at that deposition. 20 making one of those invoices are marked 21 individually. I'll get a binder and I'll 22 go through it and I'll just mark on the 23 front how many hours, and then I take 24 that's our case. 25 MR. DeGREEFF: Have we have 26 those been produced? MR. DeGREEFF: Have we have 27 those been produced? MR. DeGREEFF: Have we have 28 those been produced? MR. DeGREFF: Okay Yeah, 29 MS. GERSTEL: At his Gynemesh 20 deposition, we produced invoices. I 21 can't tell you specifically what they 20 were, but I know that we did produce 21 invoices at his Gynemesh 22 deposition, we produced invoices. I 23 MS. GERSTEL: The one 24 NR. DeGREEFF: Okay. Yeah, 25 those been produced? MR. DeGREEFF: Okay. Yeah, 26 those been produced? MR. DeGREEFF: Have we have 28 those been produced? MR. DeGREEFF: Okay. Yeah, 29 those been produced? MR. DeGREEFF: Okay. Yeah, 21 those those been produced? MR. DeGREEFF: Okay. Yeah, 22 those produced? MR. DeGREEFF: Okay. Yeah, 23 those produced? MR. DeGREEFF: Okay. Yeah, 24 those been produced? MR. DeGREEFF: Okay. Yeah, 25 those produced? MR. DeGREEFF: Okay. Yeah, 26 those produced? MR. DeGREEFF: Okay. Yeah, 27 those produced? MR. DeGREEFF: Okay. Yeah	4	MS. GERSTEL: Objection.	4	think it includes one preparatory session
Do you keep any kind of itemization of your time spent on MR. DeGREEFF: Strike that. O. So, your invoices are broken down, you know, fairly broadly on Exhibit 3 and 4. Do you have any do you submit any kind of a more detailed itemization to Ethicon? A. I don't. O. Do you have a more detailed itemization? A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the for a making one of those invoires, and then I take The documents that go into MR. DeGREEFF: Have we have those been produced? MR. DeGREFF: Have we have those those work and thele and I'll approaches. The deposition, we produced invoices. I can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREFF: Okay. Weah they were, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREFF: Okay. Weath about the case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREFF: Okay. Yeah, that's our case.	5	A. I would have to review that.	5	that was listed, as I recall. I'm not
** itemization of your time spent on ** MR. DeGREEFF: Strike that. ** MS. GERSTEL: At his Gynemesh ** deposition, we produced invoices. I ** can't tell you specifically what they ** were, but I know that we did produce ** invoices at his Gynemesh deposition. ** MR. DeGREEFF: Okay. What about ** those been produced? ** MS. GERSTEL: At his Gynemesh ** deposition, we produced invoices. I ** can't tell you specifically what they ** were, but I know that we did produce ** invoices at his Gynemesh deposition. ** MR. DeGREEFF: Okay. What about ** MR. DeGREEFF: Okay. What about ** those been produced? ** MS. GERSTEL: At his Gynemesh ** deposition, we produced invoices. I ** can't tell you specifically what they ** were, but I know that we did produce ** invoices at his Gynemesh deposition. ** MR. DeGREEFF: Okay. What about ** those been produced? ** deposition, we produced invoices. I ** can't tell you specifically what they ** were, but I know that we did produce ** invoices at his Gynemesh deposition. ** MR. DeGREEFF: Okay. What about ** those been produced? ** MS. GERSTEL: The one ** case-specific? ** MS. GERSTEL: The one ** case-specific deposition that he's ** had, it was the Tays deposition in the ** New Jersey litigation, and we did ** produce invoices related to his work ** in the Tays matter at that deposition. ** MR. DeGREEFF: Okay. Yeah, ** MR. DeGREEFF: Okay. Yeah, ** MR. DeGREEFF: Okay. Yeah, ** A. The documents that go into ** MR. DeGREEFF: Okay. Yeah, ** A. The documents that go into ** MR. DeGREEFF: Okay. Yeah, ** A. The documents that go into ** A. T	6	Q. Okay. We'll get to that.	6	certain of that.
9 MR. DeGREEFF: Strike that. 10 Q. So, your invoices are broken 11 down, you know, fairly broadly on 12 Exhibit 3 and 4. 13 Do you have any do you submit 14 any kind of a more detailed itemization to 15 Ethicon? 16 A. I don't. 17 Q. Do you have a more detailed 18 itemization? 19 A. The documents that go into 19 A. The documents that go into 20 making one of those invoices are marked 21 individually. I'll get a binder and I'll 22 go through it and I'll just mark on the 23 front how many hours, and then I take 29 MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I 20 deposition, we produced invoices. I 20 deposition, we produced invoices. I 21 can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. 21 MR. DeGREEFF: Okay. What about the case-specific? 22 MS. GERSTEL: At his Gynemesh deposition, we produced invoices. I 21 can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. 21 MR. DeGREEFF: Okay. What about the case-specific? 22 MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. 22 MR. DeGREEFF: Okay. Yeah, that's our case.	7	Do you keep any kind of	7	MR. DeGREEFF: Have we have
10Q. So, your invoices are broken10deposition, we produced invoices. I11down, you know, fairly broadly on11can't tell you specifically what they12Exhibit 3 and 4.12were, but I know that we did produce13Do you have any do you submit13invoices at his Gynemesh deposition.14any kind of a more detailed itemization to14MR. DeGREEFF: Okay. What about15Ethicon?15MS. GERSTEL: The one16A. I don't.16MS. GERSTEL: The one17Q. Do you have a more detailed17case-specific deposition that he's18itemization?18had, it was the Tays deposition in the19A. The documents that go into19New Jersey litigation, and we did20making one of those invoices are marked19New Jersey litigation, and we did21individually. I'll get a binder and I'll20produce invoices related to his work22in the Tays matter at that deposition.23MR. DeGREEFF: Okay. Yeah,23front how many hours, and then I take23that's our case.	8	itemization of your time spent on	8	those been produced?
down, you know, fairly broadly on Exhibit 3 and 4. Do you have any do you submit any kind of a more detailed itemization to Ethicon? A. I don't. Q. Do you have a more detailed making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the front how many hours, and then I take can't tell you specifically what they were, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.	9	MR. DeGREEFF: Strike that.	9	MS. GERSTEL: At his Gynemesh
Lexhibit 3 and 4. Do you have any do you submit Any kind of a more detailed itemization to Ethicon? A. I don't. Q. Do you have a more detailed itemization? A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the mover, but I know that we did produce invoices at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.	10	Q. So, your invoices are broken	10	deposition, we produced invoices. I
Do you have any do you submit any kind of a more detailed itemization to Ethicon? A. I don't. Do you have a more detailed MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one Case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the minutes at his Gynemesh deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.	11	· · · · · · · · · · · · · · · · · · ·	11	can't tell you specifically what they
any kind of a more detailed itemization to Ethicon? A. I don't. Q. Do you have a more detailed itemization? A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. What about the case-specific? MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.	12	Exhibit 3 and 4.	12	were, but I know that we did produce
the case-specific? A. I don't. Q. Do you have a more detailed titemization? A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the the case-specific? MS. GERSTEL: The one case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.	13	Do you have any do you submit	13	invoices at his Gynemesh deposition.
A. I don't. 16 A. I don't. 17 Q. Do you have a more detailed 18 itemization? 19 A. The documents that go into 20 making one of those invoices are marked 21 individually. I'll get a binder and I'll 22 go through it and I'll just mark on the 23 front how many hours, and then I take 16 MS. GERSTEL: The one 17 case-specific deposition that he's 18 had, it was the Tays deposition in the 19 New Jersey litigation, and we did 20 produce invoices related to his work 21 in the Tays matter at that deposition. 22 MR. DeGREEFF: Okay. Yeah, 23 that's our case.	14	any kind of a more detailed itemization to		MR. DeGREEFF: Okay. What about
Q. Do you have a more detailed itemization? A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the front how many hours, and then I take 17 case-specific deposition that he's had, it was the Tays deposition in the New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.	15		15	-
18 itemization? 19 A. The documents that go into 20 making one of those invoices are marked 21 individually. I'll get a binder and I'll 22 go through it and I'll just mark on the 23 front how many hours, and then I take 18 had, it was the Tays deposition in the 19 New Jersey litigation, and we did 20 produce invoices related to his work 21 in the Tays matter at that deposition. 22 MR. DeGREEFF: Okay. Yeah, 23 that's our case.				
A. The documents that go into making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the front how many hours, and then I take 19 New Jersey litigation, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.	17		17	<u>-</u>
making one of those invoices are marked individually. I'll get a binder and I'll go through it and I'll just mark on the front how many hours, and then I take recovered interest individual, and we did produce invoices related to his work in the Tays matter at that deposition. MR. DeGREEFF: Okay. Yeah, that's our case.		itemization?	18	, <u> </u>
21 individually. I'll get a binder and I'll 22 go through it and I'll just mark on the 23 front how many hours, and then I take 24 in the Tays matter at that deposition. 25 MR. DeGREEFF: Okay. Yeah, 26 that's our case.	19	<u> </u>		
22 go through it and I'll just mark on the 23 front how many hours, and then I take 24 MR. DeGREEFF: Okay. Yeah, 25 that's our case.		_		•
front how many hours, and then I take 23 that's our case.		· · ·		•
		· · · · · · · · · · · · · · · · · · ·		•
$ ^{24}$ those handwritten totals and make a common $ ^{24}$				that's our case.
	24	those handwritten totals and make a common	24	

Page 46 Page 48 BY MR. DeGREEFF: searches that I felt were relevant. 2 2 Q. How many hours would you say --O. Who drafted the reliance list? we'll get to this, but how many hours 3 Counsel. Α. would you say since you started working Q. That's counsel for Ethicon? with Ethicon in 2016 that you've spent A. Yes. working as an expert witness for them? Q. I guess when I ask that question, to be clear, who drafted the MS. GERSTEL: Objection. supplemental reliance list? 8 A. Two hundred thousand divided by A. I would come up with more 500. Whatever it is. articles and would say they're relevant, 10 I'm also not great at quick and then they would be added by counsel 11 math. 12 12 200 to 250,000 divided by 500. for Ethicon. 13 So 500 times -- 500. Q. So counsel for Ethicon drafted the supplemental reliance list? 14 Q. Five hundred hours or so? 15 15 A. Yeah. A. Yes. 16 16 Q. So, the other it's like 45, 50 Q. I guess 400 to 500? 17 17 A. Yeah. Yes. hours --18 Q. And in this litigation --18 MR. DeGREEFF: Strike that. 19 MR. DeGREEFF: Strike that. Q. The other 50 hours or so were 20 Q. In preparation of the report spent in review of the materials on the we're here about today, which is the TVT reliance list? 22 general report, based on your Exhibit 3 A. Finding the materials and and Exhibit 4, it looks like you spent reviewing them, yes. 23 about 53 hours, plus the 25 that you've Q. Does that 50 hours include any Page 47 Page 49 spent since then. time preparing for your deposition with 2 Is that right? counsel? 3 A. What's on those two plus 25. A. Yes. We met twice. Q. So double check me, but that's, 4 4 About how long did you meet each Q. 5 what? 78? 5 time? 6 A. 21 and 32 is 53 and 25. 6 Α. Four hours. 7 7 Yeah, about 78. So that's about eight hours O. 8 Q. How much of that 78 hours was 8 total? 9 A. Yes. spent --10 MR. DeGREEFF: Strike that. 10 Q. And when were those meetings? 11 11 A. Last week and the week before. Q. How much of that 78 hours was 12 spent in actual drafting and preparation 12 Where were they? Q. A. 13 They both -- one was here. One 13 of the report itself? was in my office. 14 A. One-third. 15 15 Q. That eight hours was included in O. 25 to 30 hours? the 78 we discussed earlier. 16 A. Yes. 16 Q. And the rest of it was spent 17 17 Right? 18 doing what? 18 A. Yes. 19 A. Research and reading. 19 Q. So, more like 40 hours probably 20 Q. Did you prepare the reliance locating and reviewing the materials in 21 21 the reliance list? list? 22 A. The reliance list has articles 22 A. Sounds about right. provided by counsel, as well as several --Q. Any phone calls with counsel included in that 78 hours? many, many that I found on my own Pub Med | 24

Page 50 Page 52 1 A. One or two brief, minutes, Q. And then from there, it was minutes on each. selected by defense counsel? Q. During your meetings with A. It was kind of a combination of counsel, were there any specific documents things I was curious about and things she you were shown? thought would be relevant. A. We went over the -- certainly Q. So, I think the answer to my the two binders here which are the question is yes. Right? That defense references that relate to my expert counsel selected some of the documents you report. There were various other -- many, were shown? many of the documents from the reliance 10 MS. GERSTEL: Object to the 11 11 12 12 I was shown some company A. No. I think the answer is that 13 I requested to see certain types of documents. 14 documents, and she selected others. There was -- we reviewed IFUs. 15 15 Q. That's the same thing. Q. So, the binders you referenced 16 16 are the binders of literature you've got Then there was another category 17 in front of you? 17 of things you said you reviewed that you 18 A. Yes. were shown. 19 Q. What company documents were you What was it? 20 20 shown? We had the binders, the internal 21 A. Testimony by, you know, documents. I believe there was something ²² certainly not comprehensive, by selected else you noted. 23 administrators in Ethicon and what they A. There were e-mails, some had to say about -- in their depositions testimony. Looked at IFUs, which are Page 51 Page 53 or what they might have said in developing company documents, a subset of the company the products, some extracts of e-mails. documents. 3 Q. So you were shown some Q. What e-mails were you shown? deposition testimony? A. There were some members of the 5 A. Yes. development team giving opinions as to 6 O. You were shown some e-mail whether or not a mesh was stiff. There 7 extracts? were some e-mails talking about whether a 8 certain design of a sling might cause A. Yes. Q. Anything else? 9 pain, should we be designing it that way. 10 10 A. No, I don't think so. It was a -- certainly a small 11 Q. Who selected the documents you subset of review as I was told the size of 12 were shown? the company documents that existed and the 13 testimonies that were weeks long. So it A. You know, I asked for a few things. I had -- I had -- I asked if -certainly was not comprehensive. you know, what documents, you know, have 15 Q. These were e-mails and documents ¹⁶ come under scrutiny in other depositions 16 by Ethicon employees? 17 A. Yes. are the ones that I might want to look at, and counsel had some documents that she O. And what did the Ethicon 19 recommended I see. employees have to say about the stiffness 20 of the mesh? Q. So counsel selected some of the ²¹ documents and you selected some of the 21 MS. GERSTEL: Object to the 22 22 documents? form.

23

A. I said show me -- I said show me

the good stuff and show me the bad stuff.

23

A. There was concern of differences

between machine-cut mesh and laser-cut

Document 8654-6 Filed 08/29/19 Page 16 of 97 PageID #: 207980 Lawrence Lind, M.D. Page 54 Page 56 mesh, and if laser-cut mesh was stiffer, these e-mails are shared, it's an might it be an issue in planning for the extracted e-mail from a sequence of products it was planned for use in. discussions. Q. So, the Ethicon employees in the Q. Sir, that's not the question materials you reviewed were concerned that's pending. 6 MR. DeGREEFF: We'll read my about laser-cut mesh being stiffer? 7 7 MS. GERSTEL: Object to the question back. 8 8 (The requested portion of the 9 9 record was read by the Court Reporter.) A. It was expressed as one of the 10 10 A. I think they would be concerned concerns. 11 about a change that might be positive for Q. And why were they concerned 12 12 about the stiffness of mesh? the mesh as well as negative for the mesh. 13 A. You know, there was conjecture Q. Okay. So, your understanding that if it was stiffer, it might behave from those e-mails, just to make sure I 15 differently in clinical performance. understand what you're saying, is that the 16 Q. So, your understanding of the Ethicon employees were concerned about the 17 e-mails you reviewed from the Ethicon efficacy and safety outcomes related to employees was that they were concerned 18 stiffness of mesh. that stiffer mesh would lead to more A. Yes. 20 20 complications. Q. And then you said that you 21 reviewed some e-mails from Ethicon Is that true? 22 A. I don't recall that wording. employees related to whether a certain 23 I do recall them discussing design -- related to certain designs of whether it would have relevance to mesh. Page 55 Page 57 outcome, which of course would include 1 Is that correct? efficacy and safety, but I don't recall A. Yes. specific wording that it would increase or Q. When we're talking about decrease complications. laser-cut mesh, some of the TVT products Q. So they were concerned about we're here about today are laser-cut mesh. whether there would be more negative 6 Correct? 7 outcomes with laser-cut mesh because it A. Yes. was stiffer? Q. Which of the TVT sling products 9 use laser-cut mesh? MS. GERSTEL: Object to the 10 form. 10 A. The TVT-Exact and the Abbrevo BY MR. DeGREEFF: are all laser-cut. The other two are 12 Q. Is that your understanding? laser cut, mechanically-cut. Some of it's 13 A. I'm going to stick to my answer geographic distribution and some of it's that they were concerned about whether it physician request. 15 15 would change efficacy and safety. Safety Q. So the TVT and the TVT-O have would, of course, include any changes in 16 16 both laser and mechanic-cut options? 17 17 positive or negative outcomes. A. Yes. 18 18 Q. Well, I mean, someone wouldn't Q. So, the e-mails that you were

22

23

those e-mails?

I think is important to share is that when

be concerned about a positive outcome.

MS. GERSTEL: Object to the

A. You know, one of the things that

reviewing related to the Ethicon employees

discussing design of a product, can you

tell me what your understanding was of

was being designed and developed, the

A. When the obturator, the TVT-O

Right?

form.

19

20

21

22

23

	Lawrence		
	Page 58		Page 60
1	questions, and there were e-mails	1	describe increased risk of operation need
2	discussing whether the passage the	2	to be looked at individually because I'm
3	difference in passage would affect, you	3	aware the answer to your question is
4	know, the leg or the groin. I do recall	4	yes, but I can't confirm that being a
5	some discussions on that.	5	legitimate statement because I have to
6	Q. Okay. So, the your	6	look at the details of the article because
7	understanding was that the Ethicon	7	they're very specific as to why they were
8	employees were discussing whether the	8	re-operated on. And the data is mixed.
9	transobturator approach would lead to	9	There is not consensus data or data at a
10	increased groin pain.	10	high level that suggests that the
11	Is that true?	11	re-operation rate is two times greater
12	MS. GERSTEL: Object to the	12	with obturator, but there are reports.
13	form.	13	Q. So you are aware of the
14	A. I think that was one of the	14	literature stating that?
15	concerns expressed in the e-mails, yes.	15	A. Yes.
16	Q. What other concerns were	16	Q. And is that literature contained
17	expressed in the e-mails?	17	in your reliance list?
18	MS. GERSTEL: Object to the	18	A. There's a hell of lot of TVT-O
19	form.	19	literature in my reliance list. So I
20	A. I don't recall others that are	20	believe a lot of it is there, yes.
21	coming to mind presently.	21	Q. The e-mails we just discussed by
22	Q. And the transobturator approach	22	the Ethicon employees with regard to the
23	is used by the TVT-O and TVT-Abbrevo.	23	laser-cut mesh or the transobturator
24	Correct?	24	placement, are those on your reliance
	Page 59		Page 61
1	Page 59 A. Correct.	1	Page 61 list?
1 2	A. Correct.	1 2	list?
	A. Correct.Q. Are you aware of literature		list? MS. GERSTEL: Object to form.
2	A. Correct.	2	list? MS. GERSTEL: Object to form.
2 3 4	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator	2	list? MS. GERSTEL: Object to form. A. I'm trying to think if I have
2 3 4	A. Correct.Q. Are you aware of literature concerning potential increased risks	2 3 4	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check.
2 3 4 5	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic?	2 3 4 5	list? MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.)
2 3 4 5 6	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the	2 3 4 5 6	list? MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the
2 3 4 5 6 7	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form.	2 3 4 5 6 7	Iist? MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes.
2 3 4 5 6 7 8	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes.	2 3 4 5 6 7 8	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just
2 3 4 5 6 7 8	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature	2 3 4 5 6 7 8	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with
2 3 4 5 6 7 8 9	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased	2 3 4 5 6 7 8 9	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut
2 3 4 5 6 7 8 9 10	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems?	2 3 4 5 6 7 8 9 10	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach,
2 3 4 5 6 7 8 9 10 11	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form.	2 3 4 5 6 7 8 9 10 11 12	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list?
2 3 4 5 6 7 8 9 10 11 12 13	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase	2 3 4 5 6 7 8 9 10 11 12 13	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I
2 3 4 5 6 7 8 9 10 11 12 13	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase in groin pain, which is usually transient.	2 3 4 5 6 7 8 9 10 11 12 13	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I don't think so.
2 3 4 5 6 7 8 9 10 11 12 13 14	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase in groin pain, which is usually transient. It has a higher increase in vaginal angle	2 3 4 5 6 7 8 9 10 11 12 13 14 15	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I don't think so. Q. Did you see those documents for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase in groin pain, which is usually transient. It has a higher increase in vaginal angle perforations. It has a less incidence in	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I don't think so. Q. Did you see those documents for the first time in preparation for this
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase in groin pain, which is usually transient. It has a higher increase in vaginal angle perforations. It has a less incidence in bladder injury and retropubic injuries.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I don't think so. Q. Did you see those documents for the first time in preparation for this deposition?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase in groin pain, which is usually transient. It has a higher increase in vaginal angle perforations. It has a less incidence in bladder injury and retropubic injuries. Q. Is there a are you aware of	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I don't think so. Q. Did you see those documents for the first time in preparation for this deposition? A. I don't I think I may have
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase in groin pain, which is usually transient. It has a higher increase in vaginal angle perforations. It has a less incidence in bladder injury and retropubic injuries. Q. Is there a are you aware of literature saying that there's a two times	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I don't think so. Q. Did you see those documents for the first time in preparation for this deposition? A. I don't I think I may have seen them prior to the TVT Retropubic
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase in groin pain, which is usually transient. It has a higher increase in vaginal angle perforations. It has a less incidence in bladder injury and retropubic injuries. Q. Is there a are you aware of literature saying that there's a two times greater risk of re-operation with	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I don't think so. Q. Did you see those documents for the first time in preparation for this deposition? A. I don't I think I may have seen them prior to the TVT Retropubic deposition.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase in groin pain, which is usually transient. It has a higher increase in vaginal angle perforations. It has a less incidence in bladder injury and retropubic injuries. Q. Is there a are you aware of literature saying that there's a two times greater risk of re-operation with transobturator placement versus	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I don't think so. Q. Did you see those documents for the first time in preparation for this deposition? A. I don't I think I may have seen them prior to the TVT Retropubic deposition. MS. GERSTEL: Dave, could I
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Correct. Q. Are you aware of literature concerning potential increased risks associated with the transobturator approach versus the retropubic? MS. GERSTEL: Object to the form. A. Yes. Q. And what does that literature say? What are the potential increased problems? MS. GERSTEL: Object to form. A. The TVT-O has a higher increase in groin pain, which is usually transient. It has a higher increase in vaginal angle perforations. It has a less incidence in bladder injury and retropubic injuries. Q. Is there a are you aware of literature saying that there's a two times greater risk of re-operation with transobturator placement versus retropubic?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. GERSTEL: Object to form. A. I'm trying to think if I have some. Let me just check. (Pause.) There are a number on the reliance list, yes. Q. The internal e-mails we just talked about discussed within with Ethicon employees discussing laser-cut mesh and the transobturator approach, those are included on your reliance list? A. I'm not aware of that. No, I don't think so. Q. Did you see those documents for the first time in preparation for this deposition? A. I don't I think I may have seen them prior to the TVT Retropubic deposition. MS. GERSTEL: Dave, could I state for the record that as the

Page 62 Page 64 1 When did you review it? Lind's reliance list. 2 2 MR. DeGREEFF: I think you can A. Three weeks ago. 3 3 Q. And you don't remember who the probably take him through that stuff, 4 person being deposed in that deposition if you want. 5 was? And you're welcome to state 6 whatever you want for the record, A. I don't. 7 obviously. But I'm interested in what 0. What about the TVT products were 8 you interested in from that deposition? he knows. 9 A. I was interested in knowing what MS. GERSTEL: Okay. I just 10 wanted to make clear that the company another expert did in discussing the 11 documents that were provided to Dr. products. I was interested in what 12 12 counsel was interested in focusing on. Lind were put on his reliance list. 13 MR. DeGREEFF: Gotcha. 13 Q. So, was it another deposition 14 14 taken by my firm? BY MR. DeGREEFF: 15 15 A. I believe it was. Q. So, the first time you looked at 16 O. Do you know who took the 16 the e-mails we're discussing now was in preparation for your prior deposition on 17 deposition? 18 the TVT and the Gynecare? 18 A. Yes. It was Jeff Kuntz. 19 19 A. Yes. Q. Jeff Kuntz (different 20 pronunciation)? Q. So the first time you saw those was after you had already rendered your 21 A. Kuntz. 22 22 opinions? I'm sorry if I mispronounced it. 23 23 A. I don't recall if it was before Q. What in particular was it --24 MR. DeGREEFF: Strike that. or after. Page 63 Page 65 Q. Do you recall seeing them before Q. Why did you need to see how you gave your opinions? another expert --3 A. I don't recall. MR. DeGREEFF: Strike that. 4 Q. Something you considered when 4 Q. Was it a plaintiff's expert or a you were giving your opinions? defense expert? MS. GERSTEL: Object to form. 6 6 I assume it was a defense expert 7 A. If I had read them, then I since we were taking it. 8 considered it. And if I didn't, then I A. Yes. 9 didn't. And I don't remember if I saw Q. Why did you need to see how 10 them before or after. another Ethicon expert responded to the 11 Q. You said you also reviewed some questions they were being asked? 12 depositions in preparation for this 12 MS. GERSTEL: Object to the 13 13 deposition. form. 14 14 Do you remember what depositions A. It's someone going through what 15 you reviewed? I was going to go through. It seemed like a reasonable review method to hear what 16 A. I don't remember specifically 17 which one it was. counsel had to say and take a look at what 18 Q. Do you remember the subject counsel had to say and see if I agreed 19 with what the other person said, if I matter? 20 would have answered it differently. A. I just asked to see a deposition that was on the multiple TVT products. 21 Q. I mean, isn't the most important 21 22 Q. Did you review that deposition thing just for you to answer the questions in preparation for today? honestly? 24 24 A. Yes. MS. GERSTEL: Object to form.

Page 66

1 A. Well, I think the importance is for me to get prepared in the best way I can to have the knowledge and at the same time answer honestly.

5 Q. So, the best way for you to get prepared to have the knowledge for this deposition was to read what another Ethicon defense expert who was being paid by Ethicon said in his deposition or her 10 deposition?

11 MS. GERSTEL: Object to the 12 form.

13 A. The best preparation was review of the literature, which constituted 99 percent of my time spent. So this was a 16 small element.

Q. Is this the only deposition you reviewed in getting ready for your depo?

Yes.

17

19

24

2

6

8 9

15

16 17

20

21

22

20 Q. What about expert reports, did you review any expert reports in preparing for your depo?

23 A. I did not.

Q. Before we move on, let me ask

got everything that they had or whether some of it was extracted.

Q. But the documents you were provided by defense counsel to review were incomplete and did not contain the rest of the thread.

Page 68

Page 69

True?

8

11

12

13

14

15

16

17

18

23

13

15

16

18

19

21

MS. GERSTEL: Objection.

A. Some of them did and some of 10 them did not.

> MS. GERSTEL: Would it be a good time for a break? Or in the next few minutes.

MR. DeGREEFF: Sure. This works. Whatever.

(Recess taken.)

(Lind Exhibit 6, Curriculum

Vitae of Dr. Lind, was marked for identification, as of this date.)

BY MR. DeGREEFF:

21 Q. I've just handed you what I've marked as Deposition Exhibit Number 6.

Do you recognize that as your current CV?

Page 67

this question.

With regard to the e-mails that we discussed where the Ethicon employees were discussing outcomes related to laser-cut mesh.

Do you agree or disagree with those employees?

MS. GERSTEL: Object to form.

A. I don't know the full context of where the e-mails were, and I don't know if they were in the middle of discussions of positives or negatives 'cause they're single pages. So I really can't comment on them.

Q. So you weren't shown the full document?

MS. GERSTEL: Object to form.

18 A. I wasn't shown the full thread 19 of e-mails. They were just extracted pages.

Q. Who extracted the pages? MS. GERSTEL: Object to form.

23 A. I don't know what was available to Ethicon and to counsel and whether I A. Yes.

O. Sir, what kind of doctor are you?

A. I'm an obstetrician gynecologist with fellowship training in female pelvic medicine and reconstructive surgery.

Q. Do you have any board certifications?

A. I'm board certified in OB-GYN and I'm subspecialty certified in female pelvic medicine and reconstructive 12 surgery.

Q. What states are you licensed to practice medicine in?

A. Just New York.

Q. Sir, if you look at there's a portion that says "Teaching Experience"?

A. Yes.

Q. In the teaching experience section of your CV, are any of the things listed there done on behalf of Ethicon?

22 A. The last one, the 2006 to present, the bio skills training labs, we set those up to teach our fellows, and

Page 70 Page 72 ¹ there's usually an educational grant Q. -- based on what we just talked 2 offered by each of the major companies about. that supply pelvic floor products that 3 Is that correct? usually pick up the cost for the lab. So 4 A. Yes. some of those are supported. They But I would like to specify that probably would have been between 2006 and it was the hospital rules and compliance that they would have to have absolutely no 2010, some labs that were supported by 8 Ethicon. input as to the material, slides, things 9 taught, and the products are not The rest of them are mostly exclusively theirs. They were everything 10 academic courses that were at a facility that we think the students and fellows and supported by the facility. 12 12 Q. Okay. need to learn. 13 So, would Ethicon have -- when 13 MR. DeGREEFF: I'm going to move 14 you say "supported," you mean paid for. to strike that, and I'm going to ask 15 15 Right? my question again. 16 16 A. They cover the cost of the lab, My question was pretty simple. 17 the cadaver lab for the day. We would not 17 It was just a yes or no. be getting paid for that lab, but they're 18 Q. Ethicon would have spent 120 to picking up the expense of cost to use \$180,000 on cadaver labs, based on our 20 cadavers to teach. 20 discussion? 21 21 O. What is the cost to use cadavers True? 22 22 to teach? MS. GERSTEL: Object to form. 23 23 A. Across those several years, yes. A. A lab could be \$30,000. 24 24 Q. Each lab? O. There's also a list of lectures. Page 71 Page 73 A. Yeah. The cost for the cadavers I guess the title is "Lecture 1 Presentations," on your CV. and the people who prepare them, maintain them and dispose of them is very high. Do you see that? 4 Q. And Ethicon would pick up one of A. Yes. 4 5 the --MR. DeGREEFF: Strike that. 6 MR. DeGREEFF: Strike that. 6 Before I do that, let me go back. 7 7 Q. Who was teaching these cadaver Q. How many of those cadaver labs per year would Ethicon pick up? labs that were funded by Ethicon? 9 MS. GERSTEL: Objection. A. My division, which would be myself and my partners. 10 A. They probably do one a year in 10 the general teaching sense. 11 Q. Would Ethicon fund these cadaver 12 Q. For four years or so, is what labs at the request of you and your 13 department? 13 you're saying? 14 14 I guess how many years did they A. Yes. 15 Q. Now are the lecture presentation 15 do that? 16 A. Yeah, four to six years. 16 section of your CV. 17 17 And the other companies would do Do you see where I'm at? the same. We have a lot of teaching labs. A. Yes. 18 Q. Were some of those lectures done 19 So Boston Scientific would pick up a lab. 19 Caldera would pick up a lab. on behalf of Ethicon? 21 21 A. The ones listed here are all O. Okay. 22 So, I mean, Ethicon would have invited lectures in academic only spent 120 to \$180,000 on cadaver labs -situations and not for Ethicon. 24 24 A. Yeah. I don't have listed here invited

Page 74

- Ethicon lab experiences where I taught at their Ethicon teaching experiences.
- Q. Does the lecture presentation section include lectures given on behalf of any transvaginal mesh manufacturer?
- A. No.

11

12

15

16

17

18

- 7 Q. Why did you not include in your lecture presentation section those that were done on behalf of transvaginal mesh manufacturers?
 - A. I guess when I'm writing an academic CV, I'm thinking about my academic presentations. And those were in a consultant role, so I didn't include them.
 - Q. What is the difference between the lectures you gave in a consulting role versus those given in an academic setting.
- A. These were advised by me or 19 offered to institutions for teaching purposes only or invited because of my ²² expertise to give teaching, and the others ²³ were labs we set up to teach, for which we ²⁴ couldn't have the setting of fresh

Page 76

Page 77

- products, there is not any selection for
- that lab when Ethicon's paid for it that
- discusses theirs only. It's we describe everything we use for the reasons we use
- them. So we presented it in a non-biased way.
- 7 Q. What you just gave the explanation about, that's what you're referring to in the academic setting.

Right?

11

20

21

10

11

12

13

15

16

17

21

22

24

- A. The academic setting in my lab. Now, the distinction that will also put it into a teaching category is when Ethicon wanted to teach the procedures, each of these slings or the mesh procedures and they wanted expert surgeons to help train people on fresh cadavers. That would be a different teaching setting which I would say is teaching-slash-consulting.
 - Q. Right.

When you're giving lectures as a consultant, you're being paid by Ethicon pursuant to the consulting agreements you signed with them.

Page 75

- cadavers without the backing of companies
- because we didn't have the money for the
- 3 labs.

12

15

- 4 And it was a unique teaching situation. It was really access to the cadavers was the key teaching element. So
- it was more of a -- it was less of a
- lecture than the opportunity to execute
- procedures in a unique way that had really 10 not been done before to be able to do them 11 on fresh cadavers.
 - Q. Well, when you're giving lectures as a consultant for Ethicon, you were being paid.

Right?

16 A. Well, let me make a distinction. 17 The labs that we're talking about where I'm teaching at my lab center, 19 I'm lecturing on whatever I want for pelvic reconstructive surgery on various procedures. Some of the procedures have nothing to do with mesh or any product and others do. 24

And in the discussions of mesh

Right?

- A. Yes.
- Q. And they have input into the materials you're using for those lectures.

True?

- A. I did not permit that.
- Q. Well, contractually under consulting agreement, they have the right to have input into those materials.

Correct?

MS. GERSTEL: Object to the form.

A. They could have input, but I control the slides.

I would never accept a company's slide deck, and I never did.

Q. Those two things, i.e. being paid and -- being paid by Ethicon and Ethicon's right to review and have input in your materials, those aren't present in the academic setting.

Right?

- 23 A. Correct.
 - Q. You have a bibliography section

Page 78 Page 80 on your CV. I'm sure you're aware of where the sling is. 2 Q. So that would be useful for when that. 3 people were having complications and you Right? 4 A. Yes. needed to look at the sling? 5 Q. Have you published any A. Yes. peer-reviewed articles regarding any of O. Were these two Boston Scientific the Ethicon mesh slings? articles that you discussed that were 8 peer-reviewed, were they funded by Boston A. No. 9 Q. Have you published any Scientific? 10 peer-reviewed articles concerning mesh 10 A. They were. slings regardless of the manufacturer? 11 They were? 11 12 12 A. We contributed cases to a Solyx A. Yes. 13 study, which was published. Q. Do you remember how much you were paid for your work on those? 14 Q. Was it peer-reviewed? 15 15 A. I do not, but I do -- I can Α. Yes. 16 0. And were you the author, or did clarify that the funds would go to a you just contribute in some other way to research fund and in no way would 18 that? remunerate me financially. 19 A. I was a co-author. I was not Q. Was there any other of your articles in your bibliography that were 20 the lead author. 21 Q. And which one was the -- on your funded by transvaginal mesh manufacturers? 22 bibliography was that particular article? A. On the second page it has 23 A. On the second page, it says Cholhan and Lind, the "Prepubic Approach Nosseir S, Serels and Lind "Safety and to Mid-Urethral Slings." That was funded Page 79 Page 81 efficacy of the Solyx single-incision by Boston Scientific. 2 2 sling." O. Okay. 3 3 A. I'm scanning the rest of them. And then we had another -- we 4 had a poster presentation, which is (Pause.) peer-reviewed for acceptance as a poster, 5 No others. Q. On the articles that you worked but it's not a -- published in a journal a on that were funded by transvaginal mesh little further down by the same group. companies, did you do a disclosure of 8 Q. And those were both with regard 9 to the Solyx? conflict of interest? 10 A. Yes. 10 A. Yes. 11 Q. Any others? Any other 11 Q. What is the purpose of 12 peer-reviewed articles related to mesh disclosing that an article was funded by a slings that you published? mesh manufacturer? 13 13 14 A. We did on the third page. You 14 A. Well, both at the point of 15 can see the first name Shalom where it patient consent and at the point of says "Visualization of synthetic mesh publication, the disclosure allows the utilizing optical coherence tomography." readers to understand that there was a That wasn't efficacy or complications of financial support by a company that has mesh, but it was -- what we thought we relevance for the result of the study. A were trying to do there was, you know, reader can decide whether that financial special optical tomography device that disclosure introduces bias and judge that would let us find the sling and we thought as to whether or not to credit the study 23 it might be useful for it when you have to more or less based on that.

24

go back and note a little more precisely

When someone receives funding or

Page 82 Page 84 payment from an entity, there's potential to how TVT fits into the incontinence 2 bias that can result. surgery products history. 3 I have a number of mesh studies True? 4 which are relevant to procedures with A. There's the potential, yes. 5 Q. How do you define bias? mesh, whether they're prolapse procedures A. Bias is when a -- in the setting 6 or incontinence. of a study, when you're interpreting a Q. Well, the TVT products are not study or how you're handling your patients for prolapse. or how you're looking at results, you have Correct? 10 A. Correct. I was indicating that a feeling or an impetus to want it to go in one direction or another that may not the behavior of the same type of mesh be objective. That's if you're not would be relevant to, in a broader scope, handling it properly. how mesh behaves. 14 14 So, if you had bias and you were Q. I think you answered this, but not able to resist bias in a study, you let me just confirm because you said it in would be influencing the study in one way a better way than I did. 17 or another because there was financial 17 None of the articles included on 18 support. 18 the bibliography are on the TVT -- any of 19 Q. I think you put it very well in the TVT sling products. another deposition I saw that you gave. 20 Correct? 20 21 21 Bias is -- would you agree that A. Correct. 22 bias is anything that affects the Q. So you have not been direct -you have not been involved directly in a objectivity of the outcome of a study? 23 24 A. Sure. That's one way of looking published study of any kind related to Page 83 Page 85 1 at it. the, or about the TVT products? 2 Q. One of the things that could A. Correct. affect the objectivity of a study is Q. What are some alternatives to funding or payment. slings? 5 True? 5 MS. GERSTEL: Object to form. A. There are, historically, there 6 A. It could, but there are defenses 6 7 are dozens and dozens of stress against that. incontinence procedures. They include 8 Q. Which, if any, of the articles on your bibliography are relevant to the 9 Burch, needle procedure, Pereyra, Stamey, 10 TVT sling products? 10 pubovaginal slings, amongst others. 11 11 MS. GERSTEL: Object to form. Q. Which of the native sling --12 A. Well, I think I've got a lot 12 MR. DeGREEFF: Strike that. 13 13 Q. Which of the alternatives to of --14 MR. DeGREEFF: Strike that. mesh slings are still in use today? 15 15 A. The pubovaginal slings are still Let me ask that in a more fair in use. The Burch is still in use, but to 16 way. That was a pretty broad question. 17 a much lesser degree, markedly lesser 18 Q. Do any of the articles in your degree than previously. 19 bibliography relate to or address any of 19 Q. Biologic slings? the TVT products? 20 20 A. They are used by a small number 21 A. I think they're not directly 21 of users. They're certainly not a studies on TVT products, but I think 22 dominant. 23 they're products on -- they're studies on But in answer to your strict incontinence procedures which are relevant question, yes, those are still in use.

	Lawrence		<u> </u>
	Page 86		Page 88
1	Q. And those alternatives are used	1	have some rabbits being implanted with
2	for the same indications as the TVT mesh	2	absorb partially absorbable and
3	slings.	3	absorbable mesh to analyze the biochemical
4	True?	4	and histochemical changes during
5	A. Yes.	5	implantation.
6	Q. Have you ever performed the	6	Q. Are you involved in that at all?
7	Burch procedure?	7	A. I'm involved in the chat in our
8	A. Many, many times.	8	research sessions. They're not my
9	Q. Do you still perform it?	9	project. I'm not the mentor or co-author
10	A. Yes.	10	on them. But since it's in the division,
11	Q. How many times have you	11	every Friday we go over products. So I'm
12	performed it?	12	privy to the updates and the ongoing
13	A. In my career, 300, 400.	13	happenings on it, but I have no ownership
14	Q. When was the last time you did	14	on that project.
15	one?	15	Q. So you're not you've had some
16	A. Within the last few months.	16	conversations about the project, but
17	Q. How many have you done this	17	you're not involved in actually
18	year? Any idea?	18	administering the project.
19	A. Three or four.	19	Fair?
20	Q. What about have you ever done	20	A. Correct.
21	the native tissue sling procedure?	21	Q. Is that project being funded by
22	A. Yes.	22	a pharmaceutical company or, excuse me.
23	Q. Do you still do it?	23	A medical device company?
24	A. I do.	24	A. It is. It's being funded by a
	D 07		•
1	Page 87	,	Page 89
1 2	Q. How many have you done?	1 2	mesh company.
	A. I did two this year.		Q. Which one?
3	Q. How many have you done in your	3 4	A. I don't know the name.
4 5	career?	5	Again, I'm kind of peripheral on
6	A. 50 to 60.	-	this one.
	Q. What about the biologic slings,	6	Q. Okay.
7	have you ever used one of those?	8	Is it Ethicon?
8	A. I did not.		A. It's small. It's not one of the
9	Q. The Burch procedure and the	9	
1 1 1 1			well-known companies.
10	native tissue repair are still viable	10	Q. Have you ever written a
11	native tissue repair are still viable alternatives to the TVT mesh slings that	10 11	Q. Have you ever written a peer-reviewed journal article on
11 12	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used.	10 11 12	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh?
11 12 13	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right?	10 11 12 13	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on
11 12 13 14	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form.	10 11 12 13 14	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh
11 12 13 14 15	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that?	10 11 12 13 14 15	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral
11 12 13 14 15	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that? Q. The Burch and native tissue	10 11 12 13 14 15	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral suspension done in different ways for
11 12 13 14 15 16 17	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that? Q. The Burch and native tissue slings are still available alternatives	10 11 12 13 14 15 16 17	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral suspension done in different ways for abdominal sacral suspension analyzing
11 12 13 14 15 16 17 18	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that? Q. The Burch and native tissue slings are still available alternatives that are still in use to the TVT slings.	10 11 12 13 14 15 16 17	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral suspension done in different ways for abdominal sacral suspension analyzing erosion rates.
11 12 13 14 15 16 17 18	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that? Q. The Burch and native tissue slings are still available alternatives that are still in use to the TVT slings. Fair?	10 11 12 13 14 15 16 17 18	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral suspension done in different ways for abdominal sacral suspension analyzing erosion rates. Q. What product was at issue?
11 12 13 14 15 16 17 18 19 20	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that? Q. The Burch and native tissue slings are still available alternatives that are still in use to the TVT slings. Fair? A. Yes.	10 11 12 13 14 15 16 17 18 19 20	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral suspension done in different ways for abdominal sacral suspension analyzing erosion rates. Q. What product was at issue? A. Gynemesh.
11 12 13 14 15 16 17 18 19 20 21	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that? Q. The Burch and native tissue slings are still available alternatives that are still in use to the TVT slings. Fair? A. Yes. Q. Sir, are you involved in any	10 11 12 13 14 15 16 17 18 19 20 21	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral suspension done in different ways for abdominal sacral suspension analyzing erosion rates. Q. What product was at issue? A. Gynemesh. Q. Not the TVT products?
11 12 13 14 15 16 17 18 19 20 21 22	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that? Q. The Burch and native tissue slings are still available alternatives that are still in use to the TVT slings. Fair? A. Yes. Q. Sir, are you involved in any current research on polypropylene meshes?	10 11 12 13 14 15 16 17 18 19 20 21	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral suspension done in different ways for abdominal sacral suspension analyzing erosion rates. Q. What product was at issue? A. Gynemesh. Q. Not the TVT products? A. No.
11 12 13 14 15 16 17 18 19 20 21 22 23	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that? Q. The Burch and native tissue slings are still available alternatives that are still in use to the TVT slings. Fair? A. Yes. Q. Sir, are you involved in any current research on polypropylene meshes? A. We have a I'm not a co-author	10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral suspension done in different ways for abdominal sacral suspension analyzing erosion rates. Q. What product was at issue? A. Gynemesh. Q. Not the TVT products? A. No. Q. Have you ever written on the
11 12 13 14 15 16 17 18 19 20 21 22	native tissue repair are still viable alternatives to the TVT mesh slings that are still being used. Right? MS. GERSTEL: Object to form. A. Can you just restate that? Q. The Burch and native tissue slings are still available alternatives that are still in use to the TVT slings. Fair? A. Yes. Q. Sir, are you involved in any current research on polypropylene meshes?	10 11 12 13 14 15 16 17 18 19 20 21	Q. Have you ever written a peer-reviewed journal article on polypropylene mesh? A. Yes. I have a publication on the reduction of the analysis of mesh complications with abdominal sacral suspension done in different ways for abdominal sacral suspension analyzing erosion rates. Q. What product was at issue? A. Gynemesh. Q. Not the TVT products? A. No.

Page 90 Page 92 1 A. Yes. I have a couple of them and they patented it, and I did a lot of -- most of the studies to show how it publications in my CV. Q. Were those peer-reviewed? would work and the efficacy and safety. 3 4 And I wish I had a part A. Yes. ownership because they sold it to Boston 5 Q. What was it, do you remember the subject matters you were writing about? Scientific for a nice penny. The Burch procedure requires a Q. So, is that device currently in fairly good size incision, and I was use today? instrumental in designing a device that A. Yes, it is. would allow suturing in a very small 10 Q. And when did that device get space. So once the device was approved, I developed? wrote a paper on about 90 patients to see A. I was working on it from '94 to whether a Burch could be achieved in a '96, and I think it got sold to Boston Scientific in '96. ¹⁴ much smaller incision because with the use 15 of the suturing device, it would Q. And the end result was that the ¹⁶ facilitate the suturing without needing as Burch procedure, which was an alternative much space for visualization. So the goal to the TVT mesh slings, became less was to see if I could take a Burch and 18 invasive. make it less invasive with an incision True? 20 20 A. That, as well as a few vaginal that was less than half the size. 21 Q. And what were the results? procedures that we also had trouble 22 suturing with. It had more than one A. They were excellent. We application in addition to the Burch. achieved it. 23 Q. So you came up with a way to 24 Q. Were all three of those articles Page 91 Page 93 make the Burch a less invasive procedure? related to that same issue? 2 A. Yes. A. I think there were two on the in-line suturing device. Yes, they were 3 Q. Do you have a patent on that on the issue of -- did I do sacrospinous? 4 product? 5 A. I do not. I think one might have been Q. It feels like there's more to Burch and one might have been sacrospinous 6 suspension. I can check on that, if it 7 that story. 8 matters. Does someone have a patent on 9 Q. Yes. I think you said three. it? 10 A. I -- the rules for -- someone 10 That's why I was asking. 11 has a patent on it, and I was offered part (Pause.) ownership to it. My academic affiliation A. There's two. One looked at it ¹³ and the roles for ownership of for the use in sacrospinous suspension. 14 intellectual property were such that The other one looked at it for the use in taking the intellectual property would be 15 15 Burch. a poor financial decision. 16 Q. Okay. 16 17 17 Q. Gotcha. And what were the findings on 18 So I just came on as a the sacrospinous suspension? 19 consultant and continued to help them 19 A. The procedure was able to be develop the device. performed with less dissection and in less 21 Q. Which medical device company was operative time with good efficacy and 22 developing it? minimal to no complications. So it didn't A. It was the Laurus Corporation, add any adverse effects, and it lessened

L-A-U-R-U-S. And we developed it with

the dissection and operative time.

Page 94 Page 96 1 get made and the width of the fibrils. So Q. And is that also a -- is that procedure also a sling alternative? I've done reading on how they take it from A. No. That's for pelvic prolapse. powder and resin and transformed into materials and the reasons why they make That's for vaginal apex prolapse. Q. Have you ever written anything decisions. on the biologic tissue slings? Q. So, is it your testimony that A. I have not. reading articles about how they make 8 transvaginal -- excuse me. Polypropylene Q. Do you consider yourself an mesh is why you consider yourself a expert on chemical engineering? chemical engineering expert? 10 A. As it relates to slings, yes. A. Reading articles, seeing the 11 Q. And what is the basis? Why are 11 different outcomes of how the chemical 12 12 you an expert in chemical engineering? 13 A. Because the issues related to engineering goes into making products chemical engineering as it pertains to different and seeing how it behaves in tissue interaction with mesh and implants patients and seeing the outcomes for 25 has been part of my career studying, years is my basis for stating I'm an implanting, taking care of patients, expert on that topic as it relates to mesh insuring their safety and observing the 18 in sling behavior. 19 behavior. So that's 25 years of Q. And you've seen all of that in 20 experience. 20 your role as a physician. 21 Q. Do you have any education in 21 True? 22 chemical engineering? A. Yes. 23 A. I read quite a bit of literature 23 Q. No one's ever hired you to be a on the behavior of the mesh and how it chemical engineering expert. Page 95 Page 97 interacts with tissue. So my education is 1 Right? based on independent review of the A. No. 3 Q. No one's ever hired you as a literature. 4 chemical engineer. And I do not have a Ph.D. 5 Q. Well, I think we're talking 5 Right? 6 about two different things. 6 A. Correct. 7 Are you talking about Q. When you hang your degree on the biomaterials right now versus chemical wall, it doesn't say chemical engineer. 9 engineering? True? 9 Right? 10 10 A. Whether it's chemical A. It does not. 11 engineering or biomaterials, how they Q. Do you consider yourself an relate to the behavior of slings implanted 12 expert in pathology? in patients, I consider myself an expert. 13 A. As it relates to the behavior of 14 Q. You don't know anything about sling and mesh implanted in patients, yes. 15 the chemical engineering of polypropylene 15 Q. In your daily practice, what is it that makes you a pathology expert? 16 mesh itself. 16 17 17 True? A. The rabbit studies that we're doing produce pathology slides which we 18 A. I would say that's false. 19 Q. Okay. Why is it false? examine for various histochemical 20 A. Because I've read articles about properties, tensile strength and 21 the process of it coming from resin, how mechanical properties, and this is a it gets transformed from resin, and how it routine part of the research that our gets made into fibrils and how it gets 23 group does. 24 made into the decision to how the fibrils You mean the rabbit studies that

	Lawrence Lawrence	T	D 100
	Page 98		Page 100
1	the other people in your group are doing.	1	pathologic specimens of mesh and sling
2	Is that what we're talking	2	material.
3	about?	3	Q. Do you actually read the
4	A. To distinguish though what the	4	histopathologic slides?
5	other people are doing is I play a role in	5	A. In the studies that we do, I
6	responding and advising what would be	6	look at the pictures along with our study
7	studied, how they're doing the study,	7	group, yes.
8	response on whether how they're getting	8	Q. You're talking about the rabbit
9	the information is correct, whether the	9	thing again.
10	staining processes are correct. So I'm	10	Right?
11	involved in the study more than just	11	A. Yes.
12	listening.	12	Q. Do you actually review
13	Q. You're not an author on that	13	histopathologic slides out of humans as
14	study.	14	part of your practice?
15	Right?	15	A. I do not.
16	A. I am not.	16	Q. You just read the reports that
17	Q. You are not a co-author on that	17	come to you from the pathologists.
18	study.	18	Right?
19	Right?	19	A. Correct.
20	A. I'm an advisor on that study,	20	Q. Have you read any pathology
21	and I'm part of the education discussions	21	reports related to excised mesh?
22	on the process.	22	A. I think the Clave study is one
23	Q. You are not administering the	23	of the studies that gets into that.
24	study.	24	Q. I mean in your daily practice.
	Page 99		Page 101
	1 age 77		Page 101
1	_	1	Page 101 Have you reviewed reports.
1 2	Right?	1 2	Have you reviewed reports,
	Right? A. No.	1 2 3	Have you reviewed reports, pathology reports from the pathologists,
2	Right? A. No. Q. I'm correct you're not	2	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from
2	Right? A. No. Q. I'm correct you're not administering the study.	2 3	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes.
2 3 4	Right? A. No. Q. I'm correct you're not administering the study. Right?	2 3 4	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients?
2 3 4 5	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct.	2 3 4 5	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes.
2 3 4 5 6	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the	2 3 4 5 6	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports,
2 3 4 5 6 7	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding	2 3 4 5 6 7	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the
2 3 4 5 6 7 8	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study.	2 3 4 5 6 7 8	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue?
2 3 4 5 6 7 8	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair?	2 3 4 5 6 7 8	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is
2 3 4 5 6 7 8 9	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct.	2 3 4 5 6 7 8 9	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes.
2 3 4 5 6 7 8 9 10	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form.	2 3 4 5 6 7 8 9 10	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating
2 3 4 5 6 7 8 9 10 11	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF:	2 3 4 5 6 7 8 9 10 11	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh?
2 3 4 5 6 7 8 9 10 11 12 13	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit	2 3 4 5 6 7 8 9 10 11 12 13	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a
2 3 4 5 6 7 8 9 10 11 12 13	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit studies, what qualifies you as an expert	2 3 4 5 6 7 8 9 10 11 12 13	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a pathology report.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit studies, what qualifies you as an expert in pathology based on your daily practice?	2 3 4 5 6 7 8 9 10 11 12 13 14	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a pathology report. Q. Do they discuss degradation of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit studies, what qualifies you as an expert in pathology based on your daily practice? A. When I review the literature,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a pathology report. Q. Do they discuss degradation of the mesh?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit studies, what qualifies you as an expert in pathology based on your daily practice? A. When I review the literature, I'm aware of many articles about excision	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a pathology report. Q. Do they discuss degradation of the mesh? A. I have not read that on a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit studies, what qualifies you as an expert in pathology based on your daily practice? A. When I review the literature, I'm aware of many articles about excision of specimens, what they look like, how	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a pathology report. Q. Do they discuss degradation of the mesh? A. I have not read that on a pathology report.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit studies, what qualifies you as an expert in pathology based on your daily practice? A. When I review the literature, I'm aware of many articles about excision of specimens, what they look like, how people's opinions and how the pathology's	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a pathology report. Q. Do they discuss degradation of the mesh? A. I have not read that on a pathology report. Q. What is the inflammation can
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit studies, what qualifies you as an expert in pathology based on your daily practice? A. When I review the literature, I'm aware of many articles about excision of specimens, what they look like, how people's opinions and how the pathology's been studied on excised specimens, is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a pathology report. Q. Do they discuss degradation of the mesh? A. I have not read that on a pathology report. Q. What is the inflammation can lead to pain for a woman.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit studies, what qualifies you as an expert in pathology based on your daily practice? A. When I review the literature, I'm aware of many articles about excision of specimens, what they look like, how people's opinions and how the pathology's been studied on excised specimens, is there inflammation, is there ingrowth, is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a pathology report. Q. Do they discuss degradation of the mesh? A. I have not read that on a pathology report. Q. What is the inflammation can lead to pain for a woman. True?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Right? A. No. Q. I'm correct you're not administering the study. Right? A. Correct. Q. You don't even know who the pharmaceutical company is that's funding the study. Fair? A. That's correct. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. Other than that, the rabbit studies, what qualifies you as an expert in pathology based on your daily practice? A. When I review the literature, I'm aware of many articles about excision of specimens, what they look like, how people's opinions and how the pathology's been studied on excised specimens, is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Have you reviewed reports, pathology reports from the pathologists, related to mesh that was removed from A. Yes. Q patients? A. Yes. Q. When you review those reports, do they discuss inflammation of the tissue? A. Sometimes inflammation is mentioned, yes. Q. Do they discuss scar plating related to the mesh? A. I have not read that on a pathology report. Q. Do they discuss degradation of the mesh? A. I have not read that on a pathology report. Q. What is the inflammation can lead to pain for a woman.

	Lawrence .	шті	ια, 11.Β.
	Page 102		Page 104
1	Right?	1	aspects of scientific ways that you can
2	A. It can, yes.	2	analyze what happens to mesh. I am
3	Q. And mesh leads to tissue	3	participating in a lab that implants mesh,
4	MR. DeGREEFF: Excuse me.	4	excises mesh, testing it for tensile
5	Strike that.	5	strength, looking at it under a microscope
6	Q. Mesh can cause tissue	6	for various inflammation and histochemical
7	inflammation.	7	changes, and I've been studying this and
8	True?	8	been participating in educational and
9	MS. GERSTEL: Object to form.	9	clinical and pathology education for 25
10	A. It I would say the mesh	10	years.
11	itself doesn't cause inflammation, but it	11	Q. That all makes you a doctor,
12	could potentiate inflammation.	12	right?
13	Q. Mesh itself can cause a foreign	13	A. No. I'm stating that that makes
14	body reaction.	14	me an expert.
15	True?	15	Q. What is your degree in?
16	A. Yes.	16	A. I have an MD.
17	Q. And that can lead to	17	Q. Okay.
18	inflammation?	18	What is your undergraduate
19	A. True.	19	degree in?
20	Q. Do you consider yourself an	20	A. I have a bachelor of arts.
21	expert in polymer chemistry?	21	Q. Do you have any educational
22	A. As it relates to mesh and	22	training related to chemistry or
23	slings, yes.	23	engineering?
24	Q. This is amazing. If you come up	24	A. I have 25 years of additional
	Page 103		Page 105
1	Page 103	1	Page 105
1 2	with a yes for that, we're okay.	1 2	education as described previously.
2	with a yes for that, we're okay. What is your background in	2	education as described previously. Q. What you described was 25 years
2 3	with a yes for that, we're okay. What is your background in polymer chemistry?	3	education as described previously. Q. What you described was 25 years of being a doctor, right?
2 3 4	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as	2 3 4	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on
2 3 4 5	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background	2 3 4 5	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer?
2 3 4 5 6	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for	2 3 4 5 6	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer.
2 3 4 5 6 7	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I	2 3 4 5 6 7	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form.
2 3 4 5 6	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked	2 3 4 5 6	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF:
2 3 4 5 6 7 8	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical	2 3 4 5 6 7 8	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider
2 3 4 5 6 7 8 9	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be	2 3 4 5 6 7 8	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based
2 3 4 5 6 7 8	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh	2 3 4 5 6 7 8 9	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about?
2 3 4 5 6 7 8 9 10	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit	2 3 4 5 6 7 8 9 10	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes.
2 3 4 5 6 7 8 9 10 11 12	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study.	2 3 4 5 6 7 8 9 10 11	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons?
2 3 4 5 6 7 8 9 10 11 12 13	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two	2 3 4 5 6 7 8 9 10 11 12 13	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them.
2 3 4 5 6 7 8 9 10 11 12 13	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two things?	2 3 4 5 6 7 8 9 10 11 12 13	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them. Q. That's all of them?
2 3 4 5 6 7 8 9 10 11 12 13 14	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two things? MS. GERSTEL: Object to form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them. Q. That's all of them? I'm just making sure there's not
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two things? MS. GERSTEL: Object to form. A. No. I would expand on that.	2 3 4 5 6 7 8 9 10 11 12 13 14	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them. Q. That's all of them? I'm just making sure there's not anything else.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two things? MS. GERSTEL: Object to form. A. No. I would expand on that. Q. Okay. What else?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them. Q. That's all of them? I'm just making sure there's not anything else. A. On biomaterials I think you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two things? MS. GERSTEL: Object to form. A. No. I would expand on that. Q. Okay. What else? A. For 25 years, I've implanted	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them. Q. That's all of them? I'm just making sure there's not anything else. A. On biomaterials I think you certainly can say in that area, I have
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two things? MS. GERSTEL: Object to form. A. No. I would expand on that. Q. Okay. What else? A. For 25 years, I've implanted mesh. I've looked at explanted specimens	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them. Q. That's all of them? I'm just making sure there's not anything else. A. On biomaterials I think you certainly can say in that area, I have published and tested things on my own,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two things? MS. GERSTEL: Object to form. A. No. I would expand on that. Q. Okay. What else? A. For 25 years, I've implanted mesh. I've looked at explanted specimens and pathology reports. I have studied the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them. Q. That's all of them? I'm just making sure there's not anything else. A. On biomaterials I think you certainly can say in that area, I have published and tested things on my own, published them and participated in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two things? MS. GERSTEL: Object to form. A. No. I would expand on that. Q. Okay. What else? A. For 25 years, I've implanted mesh. I've looked at explanted specimens and pathology reports. I have studied the literature. I've read literature, both	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them. Q. That's all of them? I'm just making sure there's not anything else. A. On biomaterials I think you certainly can say in that area, I have published and tested things on my own, published them and participated in advising and testing in cadaver labs and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	with a yes for that, we're okay. What is your background in polymer chemistry? A. My answers would be the same as I replied previously for my background for Q. Okay. So, your answer to I just want to make sure anything I asked you about chemistry or chemical engineering, your answer is going to be I've read articles on polypropylene mesh and I listen to updates on the rabbit study. Right? Those are the two things? MS. GERSTEL: Object to form. A. No. I would expand on that. Q. Okay. What else? A. For 25 years, I've implanted mesh. I've looked at explanted specimens and pathology reports. I have studied the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	education as described previously. Q. What you described was 25 years of being a doctor, right? That's what you're relying on for being a chemist and an engineer? A. That was not my answer. MS. GERSTEL: Object to form. BY MR. DeGREEFF: Q. I'm asking you also consider yourself a biomaterials specialist based on all the stuff we talked about? A. Yes. Q. Any other reasons? A. I think we've gone through them. Q. That's all of them? I'm just making sure there's not anything else. A. On biomaterials I think you certainly can say in that area, I have published and tested things on my own, published them and participated in

Page 106 Page 108 stronger in that area. Q. Was that before or after you O. Have you ever published any gave your opinions? A. That was before. opinions that polypropylene mesh does not degrade in the human body? O. So, what you're claiming makes 5 MS. GERSTEL: Object to form. you an expert on the FDA is materials you 6 A. I haven't published it. reviewed in preparing for to be a 7 Q. Do you consider yourself an FDA litigation expert for Ethicon. 8 8 Is that right? expert? 9 A. Well, if someone were to ask me MS. GERSTEL: Object to form. 10 A. I'm distinctly aware of FDA if I'm an expert in FDA in the broad sense matters and paperwork as it relates to of the word, the general everything that 11 12 mesh products and Ethicon mesh products they take care of, I would say no. 13 and the rules that go into IFUs. If I'd say as it pertains to the 14 relevant issues to the materials involved I would not say I am a 15 comprehensive FDA expert. in this case, I would say I have very 16 But I would say, as it relates thoroughly read through the relevant 17 to the matters in this case, I would say documents and therefore consider myself an I've reviewed the pertinent documents and expert as it relates to mesh products and are comfortably familiar with that. adverse warnings and what needs to be 20 20 Q. What are the pertinent included. 21 21 documents? Q. Did you read the 510(k) 22 22 A. There's a Blue Book memo and a submission for this product? 23 second FDA document that describes what's A. At some point I did. 24 MS. GERSTEL: Object to form. required in the release of a product, what Page 107 Page 109 has to be on labeling, what has to be BY MR. DeGREEFF: included in adverse events, and as it Q. Did you read all the testing relates to this particular, you know, submitted with the 510(k)? issue at hand is what adverse events are MS. GERSTEL: Objection. necessary to be included in an IFU. A. I don't know if I read all of 6 Q. Because it sounds like you're the testing. I think I was made familiar with some of it. not claiming you're an FDA expert. You're claiming you're an IFU expert. Q. Do you know the difference 9 Right? between clearance and approval of a 10 MS. GERSTEL: Object to form. 10 product? 11 11 A. I claim to be an FDA expert as A. There are different pathways to it relates to adverse reactions and the go through the FDA. There's a 510(k) rules necessary and laid out as to what pathway, which is based on a precedent, needs to be included. and then there's another pathway where 15 Q. How did you become aware of -based on data, it's you go through based 16 MR. DeGREEFF: Strike that. on your own merit and data. 16 17 17 Q. Under what circumstances did you Q. What's the other pathway called? 18 18 review these FDA materials related to A. I don't know. 19 Ethicon products? 19 Q. Does 510(k) end up with approval 20 A. Well, in discussing with counsel or clearance in the end? 21 became clear that, you know, what warnings 21 A. Approval. are in the IFU is of quick relevant to 22 Q. Would you be surprised to find

24

these cases and I said I'd like to see the

FDA documents that dictate the rules.

out that 510(k) ends up with clearance?

A. I'm sorry.

Page 110

8

14

24

11

15

19

22

23

24

1 Q. Would you be surprised to find out that 510(k) ends up with compliance, not approval?

MS. GERSTEL: Object to form.

- 5 A. I may have that vocabulary 6 confused.
 - Q. As a FDA expert, do you think you should probably know the difference between clearance and approval?

MS. GERSTEL: Object to form; argumentative.

A. I think the key elements here 13 are what the rules are for what needs to be included in an IFU, and I don't think the rules of what the vocabulary term is ¹⁶ for approval versus otherwise is the key element.

So no, I wouldn't consider that eliminating myself as an expert to the relevant materials.

- 21 Q. What I'm taking what you're saying is that you do consider yourself an expert on warnings?
- 24 A. Yes.

4

7

10

11

12

17

18

19

20

11

12

13

15

21

Page 112

- guidance number G91-1. So at times I may
- have to refer, since I haven't memorized everything that exists in all of these
- binders in my report.
- Q. You think an FDA expert on warnings would know that?

MS. GERSTEL: Object to form; argumentative.

- A. I think an FDA expert on the entirety of the FDA would know that, but that does not exclude me from being an expert on the areas that I previously described.
 - Q. What departments of a medical device company are involved in creating warnings?
- 17 A. When I have participated on discussions about what should be included, there's research and development, there 20 was regulatory, and there was compliance.
- 21 Q. Have you ever read any testimony from Ethicon employees regarding Ethicon's 23 position on what belongs in an IFU?

Page 113

A. I don't recall.

Page 111

Q. What risk information are 1

medical device companies required to put 3 in their IFUs?

4 A. They're required to put in the

most common and adverse reactions that are

unique to the product, and they are not

required to put in things that are

commonly known.

9 Q. What industry standards govern 10 warnings in medical devices?

MS. GERSTEL: Object to form.

A. The FDA.

Q. What are the various sections of the regulations that relate to warnings for IFUs?

16 MS. GERSTEL: Object to form. 17 BY MR. DeGREEFF:

18 Q. And for the record, you're currently looking to your report to give 19 you that answer.

Correct?

22 A. That would be correct, because I can't always memorize that it is

21 CFR 801.109(c) and device labeling

Q. Have you ever drafted an IFU for a medical device?

A. I didn't draft it.

I participated in discussions about what should be included and what shouldn't.

Q. What was your participation?

A. It was in -- with Boston

Scientific in releasing a few of their 10 products.

Q. Which products?

A. It was the Advantage and then it was their Prolene mesh for sacral 13 suspensions.

Q. Did they pay you to do that?

16 A. Yes.

17 O. How much?

18 A. Whatever my hourly was then. It was a little lower, \$300 an hour.

20 Q. How many hours did you spend 21 working on that IFU?

A. Probably two expert sessions. I would say twelve.

Was that like a roundtable

Case 2:12-md-02327 Document 8654-6 Filed 08/29/19 Page 31 of 97 PageID #: 207995 Lawrence Lind, M.D. Page 114 Page 116 discussion about what kind of warnings ¹ required to disclose all significant risks 2 should be in the IFU? to doctors that come with the use of the A. Usually was -- it usually was a device? couple of hours in the lab, then followed MS. GERSTEL: Object to form. up by roundtable discussion. 5 A. No. Q. Was the purpose of the lab to 6 Q. You do not agree? test out the implant, how it worked with A. I do not agree. the implant of the device? Q. Were you ever provided the 9 deposition of Ethicon's medical director A. Correct. 10 Dr. Weissberg? Q. And after you made your recommendations, you didn't have any 11 A. I don't recall it. involvement in the actual drafting of the 12 12 O. If the medical director 13 IFU? testified that that's the case, do you 14 A. I did not. disagree with Ethicon's medical director? 15 15 Q. Do you agree that physicians MS. GERSTEL: Object to form. 16 16 should be made aware of the significant A. Yes. safety risks with a product in the IFU? 17 17 Q. The warnings and adverse 18 MS. GERSTEL: Object to form. reactions section should include all 19 A. Well, the definition of significant risks and complications related to the use of the TVT products. significant is -- requires a larger 21 21 discussion than a yes/no question. Do you agree? 22 Q. How do you define significant? 22 MS. GERSTEL: Object to form. MS. GERSTEL: Object to form. 23 23 A. Did your statement say "all"? 24 Q. Yes. A. I would define it as I did 24 Page 115 Page 117 A. I disagree. before, where they have to describe the most common and unique adverse reactions Q. Have you ever read the to the product, but they don't necessarily deposition of Ethicon's medical director have to provide -- list adverse reactions Dr. Robinson? that are commonly known. A. No. Q. Have you ever read the 6 Q. If that was the testimony, do deposition of Ethicon employee Catherine you disagree with it? Beef [ph]? A. I disagree with it. Q. Do you agree that doctors rely 9 A. I have not. on medical device companies, such as 10 Q. Is that something that's on your reliance list? Ethicon, to tell them whether the products 12 A. I'm not -- I don't recall seeing they manufacture are safe? that. I don't know if it's on the 13 MS. GERSTEL: Object to form. 14 reliance list. A. I think the company provides a 15 small piece of a doctor's understanding Q. If it was her testimony that and learning if something is safe. It's physicians should be made aware of all 16 17 17 significant safety risks associated with a not the major role at all. Q. So you believe they rely on them 18 product in the IFU, is that something you 18 19 disagree with? 19 in part for that information? 20 20 A. Correct. MS. GERSTEL: Object to form. 21 A. Yes, I disagree. 21 Q. Do you agree that doctors rely 22 Q. Do you agree that the on medical device companies, such as

manufacturer of a medical device that's

going to be implanted in a woman's body is

Ethicon, to investigate and test the

safety of their products before putting

Page 118 Page 120 A. It's not routinely offered, but them on the market? 2 there are certainly many times where I've MS. GERSTEL: Object to form. asked for that type of information and A. I think that they are interested it's been disclosed readily. in testing prior to release, yes. 5 Q. Is that something that you as a Q. But you had to ask for it. 6 physician want the medical device True? providers to do? A. Yeah. Yes. 8 8 A. Yes. Q. Do you agree that if there's 9 reasonable association between a product Q. Do you agree that the company knows more about the design features and and an adverse event, a company should potential risks of their products than 11 disclose that information? 12 12 MS. GERSTEL: Object to form. physicians do? 13 MS. GERSTEL: Object to form. 13 A. You know, the reasonable 14 A. In the early development stage, association specification in your question stumps me a little bit because it depends. I would agree with you, and then when it's out there, I would say there's -- you It's really -- there's a continuum of how know, the doctors had the ones putting it much information they get. And at a in, seeing how it behaves and seeing the certain point, if there's a very, very ¹⁹ patients. So there are -- I think that strong relationship between a product and changes. I think it -- I think it changes an adverse event, yes, I think it should be disclosed, but there's really a and the doctors can become more expert as 22 to efficacy and safety of the device and continuum between how much they know and how the features are panning out than the when that should be shared. 24 companies who make it. Q. Okay. Page 119 Page 121 Q. The physicians are not privy to 1 So, would you agree that the the results of the testing and studies information that a medical device that are done by the company prior to manufacture, such as Ethicon, includes in putting the product on the market. its IFUs should not be misleading? 5 True? MS. GERSTEL: Object to form. 6 6 MS. GERSTEL: Object to form. A. I could agree with that. 7 O. Do you agree that the A. They're privy to some of them. When you have the -- typically the lead information a medical device manufacture inventor or authors gather data, they're includes in its IFU should have a usually privy to that. When a company 10 scientific basis? 11 would approach me with a product, first MS. GERSTEL: Object to form. 12 thing I'd say is can you show me the data A. I think it has a scientific 13 you have on it, and they would share that. basis, as well as a clinical experience ¹⁴ So I am privy to the data they have. basis in terms of the things that are 15 They typically would not go commonly known. through all of the R&D bench testing, and 16 Q. So it should be a scientific and 17 17 some other items would not be included in clinical basis? 18 18 that. A. I think so, yes. 19 19 Q. Right. Q. And a medical device 20 Doctors would not be privy to manufacturer should put the safety of its 21 the bench testing results done by a 21 patients first. 22 22 medical device company, such as Ethicon. 23 23 MS. GERSTEL: Object to form. Right?

24

Yes.

MS. GERSTEL: Object to form.

24

Case 2:12-md-02327 Document 8654-6 Filed 08/29/19 Page 33 of 97 PageID #: 207997 Lawrence Lind, M.D. Page 122 Page 124 1 Q. Even above profits. you go the two different routes, and based 2 Fair? on patient's anatomy and doctor's 3 backgrounds, they may be safer in MS. GERSTEL: Object to form. different doctors' hands and they also may 4 A. Yes. 5 Q. Do you agree that a medical be safer based on the patient's previous device company, such as Ethicon, is surgery history. required to make its products reasonably Q. So you can't answer my question as asked, is what you're telling me? 8 safe? 9 MS. GERSTEL: Object to form. A. No, I cannot. 10 10 Q. Have you ever read the A. Yes. deposition of Dr. Holste? 11 Q. Lastly, do you agree that if a 11 medical device manufacturer sells two 12 12 A. No. products that do the same thing, the 13 Q. Was that ever provided to you by the defense for review? medical device manufacturer should stop selling the less safe product and only 15 A. Not that I recall. 16 16 sell the safer product? Q. If that was the testimony, do 17 MS. GERSTEL: Object to form. you disagree? 18 A. The evidence and the data 18 A. Yes. 19 distinguishing those adverse events would Q. Are you an expert on the design need to be compared to get to a point of medical devices? 21 where it was convincing that one of them A. I think I am. 22 definitively was as efficacious and/or Q. And what qualifies you as an 23 expert on the design of medical devices? safer. 24 24 A. Well, I made a really awesome So, it's a -- it depends on the Page 123 Page 125 level of evidence. suturing device that allowed people to 2 suture in really small places and made a Q. Let me ask my question again. Do you agree that if a medical 3 whole bunch of other people millions of device manufacturer sells two products dollars. And it's really cool and it

10

13

14

that do the same thing, that the medical device manufacturer should stop selling the less safe product, assuming it's definitive, and only sell the safer product?

9

10 MS. GERSTEL: Object to form. 11 A. I can't agree with that because there are situations where something has a higher risk, so let's say for example leg pain with an obturator sling. It's the better choice, even though if you -- just looking at data as a higher risk of thigh pain or leg pain, it's the better choice for a patient because the patient may have retropubic problems or cancer there or ²⁰ radiation there or hernia there. So it now becomes the better choice. So if ²² you're just looking at the data, you'd say ²³ well, higher leg pain, maybe we shouldn't

required some really neat engineering.

I think I have a unique appreciation for the very significant angles and spaces we're in in pelvic surgery.

I think I have an intuitive thought process as to how to think of things that might let us do things more easily.

I understand research design and how to test things properly.

16 I think I have shown in my body 17 of work the ability to test meshes and figure out how to decrease erosions, how to suture in small places. And I think I've spent 25 years thinking about the design of instruments and have a pretty 22 good background.

23 Q. Have you ever designed a transvaginal mesh product?

use it. But having the two available lets

Page 126

A. I've proposed some and some are under consideration, but none are presently being adopted or funded for production.

Q. Have you been --MR. DeGREEFF: Strike that.

Q. Have you designed any mesh slings?

5

6

7

8

23

3

6

15

16

17

9 A. The innovations that I have in 10 mind, which, you know, presently have been proposed to a couple of engineers and to a couple of companies, they have less to do with the sling than with the trocar introduction, and so it's part of the

sling system, but it's not the mesh

16 itself. I would say the group that we're working with, of course, my practice, you

know, as the role that I play in that

process, you know, it's a very close

²⁰ division. I've definitely got my eye on

how absorbable meshes are going to behave

as we continue to study them.

Q. So, what are the changes to the trocar that you've made in these new

Page 128

¹ into this. So it would be their meshes

and it would just be changing the trocar

insertion.

Q. What weight of mesh do Boston

Scientific and Caldera use?

A. I don't have their mesh weight by memory. They're all type 1 wide pore mesh.

Q. Why did you not go to Ethicon for their mesh?

11 A. I've had a closer working 12 relationship with these two companies for the past five, six years. 14

Q. Does the Ethicon product have smaller pore mesh than BSC and Caldera?

A. They're pretty close. I think Caldera is less, is smaller. I don't 18 recall where Boston Scientific is related to TVT.

20 Q. Well, Caldera is actually larger pore mesh than the Ethicon product. 22

Correct?

A. I'm not sure about that.

What about BSC is actually a

Page 127

15

23

24

10

11

15

16

17

19

20

24

devices that you've designed? 2

A. I'm going to have to say that's confidential.

I think that we -- sometimes

4 Let me just clarify that to give you something.

when you pass a trocar and you did cystoscopy because you want to see if the pass went into the bladder and sometimes ¹⁰ it's missed even though trocar looks pretty big under cystoscopy. So I have a design proposal that would decrease or eliminate the chances of missing a very small passage into the bladder.

Q. What weight of mesh do you use in the -- in your new products?

A. I haven't gotten to the point of choosing the mesh. I'm only designing the trocar. So the mesh would be -- there's

²⁰ two companies it's proposed to, and the 21 mesh would be whichever company decided to

²² move this forward, I'm comfortable with

both of their sling products. So you have both Caldera and Boston Scientific looking

larger pore mesh than Ethicon mesh too. 2

Right?

MS. GERSTEL: Object to form.

Page 129

A. I don't have those comparisons in my head.

What I know is that they're all in the order of ten times wider pores than what is felt to be the minimum necessary for favorable characteristics as described by AMA.

Q. Regardless, when you decided you needed mesh for a product you're developing, you sought that mesh from Caldera and Boston Scientific, not from Ethicon.

True?

A. I wasn't seeking mesh. I was seeking someone who thought an introduction needle had an advantage.

Q. Okay.

21 The two companies you went to for your product were Caldera and BSC, not Ethicon.

True?

	Lawrence .	_	
	Page 130		Page 132
1	A. Yes.	1	A. I'm not doing it at all.
2	Q. And you could have gone to	2	Q. You don't have any
3	whatever companies you wanted to.	3	MR. DeGREEFF: Strike that.
4	Right?	4	Q. You don't have any patents on
5	A. Yes.	5	medical devices currently.
6	Q. And you had a working	6	True?
7	relationship with Ethicon.	7	A. Correct.
8	Right?	8	Q. Did you have involvement with
9	A. Yes.	9	the design of the Solyx, the Boston
10	Q. When was this that you were	10	Scientific Solyx?
11	approaching these companies?	11	A. We may have mentioned this
12	A. In the past two years.	12	before. That was the one time where I
13	Q. So you had a relationship with	13	was yes, I was in their R&D labs giving
14	the company in Ethicon that has paid you	14	them feedback on pre-release research and
15	200 to \$250,000 as a litigation expert.	15	development design phase and a positive
16 17	Right?	16 17	and negative feedback on it, which was on
18	MS. GERSTEL: Object to form.		their company documents, which ended up
19	A. Yes.	18	with me in a deposition not on either
20	Q. Has Ethicon ever asked you to	20	side, just called to be deposed on what I
	consult on the design of any of their mesh	21	had written in that R&D lab.
21 22	products?	22	Q. Are you familiar with the
23	A. I was in a consulting R&D session on whether or not to make the	23	industry standards that govern medical
24		24	device design? MS_CERSTEL: Object to the
	trocar smaller when they were considering		MS. GERSTEL: Object to the
	Page 131		Page 133
	_		_
1	the TVT Exact. So that's not a mesh	1	form.
2	the TVT Exact. So that's not a mesh decision, but again part of the mesh	2	form. A. I'm familiar with a number of
2 3	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in	2 3	form. A. I'm familiar with a number of the FDA standards.
3 4	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just	2	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory
2 3 4 5	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it	2 3 4 5	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards?
2 3 4 5 6	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know,	2 3 4 5 6	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and
2 3 4 5 6 7	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of	2 3 4 5 6 7	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go
2 3 4 5 6 7 8	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they	2 3 4 5 6 7 8	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling
2 3 4 5 6 7 8	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input	2 3 4 5 6 7 8	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions.
2 3 4 5 6 7 8 9	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I	2 3 4 5 6 7 8 9	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think
2 3 4 5 6 7 8 9 10	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they	2 3 4 5 6 7 8 9 10	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of?
2 3 4 5 6 7 8 9 10 11	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I	2 3 4 5 6 7 8 9 10 11	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that
2 3 4 5 6 7 8 9 10 11 12 13	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well,	2 3 4 5 6 7 8 9 10 11 12 13	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is
2 3 4 5 6 7 8 9 10 11 12 13	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it.	2 3 4 5 6 7 8 9 10 11 12 13	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data
2 3 4 5 6 7 8 9 10 11 12 13 14	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it. Q. Gynecare mesh you were using	2 3 4 5 6 7 8 9 10 11 12 13 14	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data needs to come before release.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it. Q. Gynecare mesh you were using that for pelvic organ prolapse?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data needs to come before release. Q. Have you reviewed any Ethicon
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it. Q. Gynecare mesh you were using that for pelvic organ prolapse? A. Yes. And there was a time when	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data needs to come before release. Q. Have you reviewed any Ethicon internal standards on medical device
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it. Q. Gynecare mesh you were using that for pelvic organ prolapse? A. Yes. And there was a time when I was using it for individually cut sewed	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data needs to come before release. Q. Have you reviewed any Ethicon internal standards on medical device design?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it. Q. Gynecare mesh you were using that for pelvic organ prolapse? A. Yes. And there was a time when I was using it for individually cut sewed prolapse vaginal procedures.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data needs to come before release. Q. Have you reviewed any Ethicon internal standards on medical device design? A. I don't recall.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it. Q. Gynecare mesh you were using that for pelvic organ prolapse? A. Yes. And there was a time when I was using it for individually cut sewed prolapse vaginal procedures. Q. As you sit here today, it's no	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data needs to come before release. Q. Have you reviewed any Ethicon internal standards on medical device design? A. I don't recall. Q. Are you familiar with the stage
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it. Q. Gynecare mesh you were using that for pelvic organ prolapse? A. Yes. And there was a time when I was using it for individually cut sewed prolapse vaginal procedures. Q. As you sit here today, it's no longer possible to use Gynecare for repair	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data needs to come before release. Q. Have you reviewed any Ethicon internal standards on medical device design? A. I don't recall. Q. Are you familiar with the stage gate system?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it. Q. Gynecare mesh you were using that for pelvic organ prolapse? A. Yes. And there was a time when I was using it for individually cut sewed prolapse vaginal procedures. Q. As you sit here today, it's no longer possible to use Gynecare for repair of pelvic organ prolapse.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data needs to come before release. Q. Have you reviewed any Ethicon internal standards on medical device design? A. I don't recall. Q. Are you familiar with the stage gate system? A. I am not.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the TVT Exact. So that's not a mesh decision, but again part of the mesh system. I know they were interested in what I thought of the Gynecare mesh just because I had used it a lot. So, it wasn't the Gynemesh had been, you know, a smaller cut piece of a previous type of mesh they had previously used. So they were interested in a lot of my input because they know I used it a lot and I published on it. So they asked if they could do anything different with it, and I said my patients are doing extremely well, so I'm happy with it. Q. Gynecare mesh you were using that for pelvic organ prolapse? A. Yes. And there was a time when I was using it for individually cut sewed prolapse vaginal procedures. Q. As you sit here today, it's no longer possible to use Gynecare for repair	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	form. A. I'm familiar with a number of the FDA standards. Q. What are those regulatory standards? A. Well, there's clearances and approval processes they have to go through. There's device labeling instructions. Q. Anything else that you can think of? A. There's classifications that tell you how much whether something is based on something previous, how much data needs to come before release. Q. Have you reviewed any Ethicon internal standards on medical device design? A. I don't recall. Q. Are you familiar with the stage gate system?

Case 2:12-md-02327 Document 8654-6 Filed 08/29/19 Page 36 of 97 PageID #: 208000 Lawrence Lind, M.D. Page 134 1 A. I think it's a -- it's a A. Well, the key ones were Olmstead detailed statement on where the company for the TVT and De Lara for the obturator feels a product is in terms of its products. research and development. I'm not certain Q. Have you read those depositions? 5 MS. GERSTEL: Object to form. on that. 6 Q. Have you reviewed any of A. I have not read their Ethicon's clinical expert reports related depositions, no. to the TVT mesh sling products? 8 Q. Were those depositions given to A. Since the title sounds familiar, you by defense counsel? MS. GERSTEL: Object to form; 10 I think I read one, and I don't recall 10 which one it was or any of the details, 11 lack of foundation. 12 12 but I think I -- it was in front of me at A. I don't recall them being given 13 13 one point. to me. 14 14 Q. As you sit here, you just don't Q. What is Med Scan? remember anything about what it said? 15 A. Is that the Canada group? No? I don't know what it is. 16 16 A. No. 17 17 Q. What is Provincia? O. True? 18 A. Correct. 18 A. I don't know. 19 19 Q. Do you know what a design Q. Do you know what a design failure modes and effects analysis is? 20 history file is? 20 21 21 A. No, but the name kind of gives Say it again. Design failure? 22 it away. But the answer to your question Q. Modes and effects analysis. 23 would be no. A. I couldn't describe it to you Q. Have you ever reviewed the specifically. Page 135 Page 137 design history file, Ethicon's design Q. Ever participated in one? history file, with regard to any of the A. Well, if putting something on tension to seeing load failure and various 3 TVT products? other changes in the characteristics of A. I can tell you that I've read quite a number of documents that describe the mesh when you do different things to the evolution of the TVT products. I it is part of it, then yes. Whether I knew that I was don't know if that's within that stated specifically in a session that was labeled document. 9 that, I don't recall that it had that So, the answer is that document by name I'm not familiar with, but I'm 10 name. 11 certainly familiar with many documents Q. What are the different types of that describe the evolution of the TVT and failure modes and effects analysis? the TVT product family. 13 13 A. Can't answer that. 14 14 Q. What is contained in the design O. Just don't know? 15 15

- history file?
- 16 A. Since I haven't seen the file,
- 17 I -- I can't tell you.
- 18 Q. So, as you sit here, is it fair to say you don't know whether you've reviewed the design history file or not?
- 21 A. Correct.
- 22 Q. What employees from Ethicon were
- involved in the design of the TVT
- products?

- A. Correct.
- 16 Q. Did you review any of the design failure modes effects analysis on the TVT
- 18 mesh slings?

23

24

- 19 A. I may have, but not knowing it had that title.
- 21 Q. As you sit here, you just don't 22 know whether you did or not?
 - A. Correct.
 - Are you aware of any company

Page 138 Page 140 ¹ other than Ethicon that marketed a -- that ¹ document had to do with a need to -- a marketed mesh that was mechanical-cut? wish to get this moving along based on 3 competition. I do remember a document MS. GERSTEL: Object to form. that had that type of theme. 4 A. Caldera's is mechanically-cut. Q. Is it your understanding that 5 Q. Which product? A. The Desara and the Desara TV Ethicon wanted to get the TVT-O to market 6 Blue. There may be others, but I know as quickly as possible? 8 8 that that one is. MS. GERSTEL: Object to form. A. The only thing I recall was that Q. Have you ever reviewed any of there was -- there was wording that 10 Ethicon's internal operating procedures related to design? expressed a wish for it to be released and 12 A. I've read a lot of pages that the timing of the release was important 13 discuss how -- how a procedure is going to based on competition. 14 Q. So they wanted to beat the be designed. And again, whether it had that title, I don't know. I've recently 15 competitors to the market. 16 ¹⁶ read a number of Ethicon documents that Is that what you're saying? MS. GERSTEL: Object to form. are discussing the process for design and 17 feasibility and opinions as to where the 18 A. I said what I said. 19 19 product stands. Q. Well, they wouldn't want the 20 Q. So you don't know if you've competitors to get there first. reviewed the standard operating procedure 21 Right? 22 22 MS. GERSTEL: Object to form. or not. 23 23 A. The competitors were there. True? 24 24 Q. Okay. A. Specifically the document by Page 139 Page 141 The opinions you're giving in that name, no. this litigation with regard to the TVT-O, Q. How long did it take Ethicon to 3 get the TVT-O product to market? TVT-A, TVT-Exact, have you ever published A. I don't know. From first those in any peer-reviewed journal? 4 thought to mind to market, I don't know A. No. 6 that answer. Q. Have you ever been involved in 7 any clinical trials comparing midurethral Q. Is it ever a good idea to rush a slings to any other pelvic surgery? product to market? 9 MS. GERSTEL: Object to form. MS. GERSTEL: Object to form. 10 10 A. The product's got to get to A. Comparative trial, no. market in a time frame that when it's felt 11 Q. Have you ever been involved in a 12 randomized controlled trial involving to be efficacious and safe. 13 transvaginal mesh treatment of stress Q. Have you ever reviewed any Ethicon internal documents discussing how urinary incontinence? quickly they got the TVT-O to market? 15 15 A. No. 16 16 Q. What antioxidants are added to A. No. 17 the TVT mesh slings? That's not something that was 17 Q. ever provided to you? 18 18 A. I do not know. Q. What is the pore size of the 19 A. Not that I recall. 19 20 Q. Of the opinions you --Prolene mesh in the TVT products? 21 A. I'm going to correct that. 21 A. It's in the 1300 range.

22

exactly. The theme of one company

memory. I recall -- I can't recall

I seem to now have refreshed my

2.2

Q. And it's the same for all of the

sling products we're talking about, right?

The TVT-O, the TVT-Abbrevo and the

	Lawrence Lind, M.D.				
	Page 142		Page 144		
1	TVT-Exact?	1	say old construction mesh?		
2	A. Yes.	2	MS. GERSTEL: Object to form.		
3	Q. Have you ever heard that pores	3	A. There are different ways the		
4	in mesh collapse?	4	meshes were put together over time.		
5	A. I have not.	5	They're woven differently. They have		
6	Q. Do you agree that if mesh pores	6	different fiber sizes, different pore		
7	are not large enough, there can be an	7	sizes. So, you know, the Prolene mesh has		
8	increased risk of infection?	8	a long history to it.		
9	A. Yes.	9	So, the the way it was		
10	Q. Do you agree that if pores are	10	constructed was different in older, or		
11	not large enough, it increases the risk of	11	let's say times past, was made differently		
12	erosion?	12	than it is now.		
13	A. Potentially, secondary to the	13	Q. Well, the mesh currently used in		
14	first discussion we had about infection.	14	the TVT sling products was originally		
15	Q. Do you agree that if pores are	15	developed for hernia repair.		
16	not large enough, there can be poor tissue	16	True?		
17	integration that can cause mesh rejection?	17	A. Yes.		
18	A. Yes.	18	Q. And it was developed for hernia		
19	Q. Do you agree that you can get an	19	repair in the gut.		
20	infection with small pore mesh causing	20	Fair?		
21	extrusion?	21	A. Yes.		
22	A. Yes.	22	Q. It was not originally developed		
23	Q. Do you agree that mesh with	23	or designed to be implanted in the vagina.		
24	smaller pores tends to have a greater	24	True?		
		1			
	Page 1/13		Page 145		
1	Page 143	1	Page 145		
1 2	inflammatory response than mesh with	1 2	A. Originally, yes.		
2	inflammatory response than mesh with larger pores?	2	A. Originally, yes.Q. And the mesh used in the TVT		
3	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form.	2 3	A. Originally, yes.Q. And the mesh used in the TVT products was originally developed in 1974.		
2	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes.	2	A. Originally, yes.Q. And the mesh used in the TVT products was originally developed in 1974.Is that true?		
2 3 4 5	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh	2 3 4 5	A. Originally, yes.Q. And the mesh used in the TVT products was originally developed in 1974. Is that true?A. I don't have that knowledge of		
3	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings?	2 3	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. 		
2 3 4 5 6	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data.	2 3 4 5 6	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, 		
2 3 4 5 6 7 8	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the	2 3 4 5 6 7 8	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? 		
2 3 4 5 6 7	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old	2 3 4 5 6 7	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's 		
2 3 4 5 6 7 8	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh?	2 3 4 5 6 7 8	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been 		
2 3 4 5 6 7 8 9	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form;	2 3 4 5 6 7 8 9	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. 		
2 3 4 5 6 7 8 9 10	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation.	2 3 4 5 6 7 8 9 10	A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago.		
2 3 4 5 6 7 8 9 10 11 12	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding	2 3 4 5 6 7 8 9 10 11	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? 		
2 3 4 5 6 7 8 9 10 11 12 13	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names	2 3 4 5 6 7 8 9 10 11 12 13	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well 		
2 3 4 5 6 7 8 9 10 11 12 13	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names given to them have mistakes and confusion,	2 3 4 5 6 7 8 9 10 11 12 13	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well for 20 years. 		
2 3 4 5 6 7 8 9 10 11 12 13 14	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names given to them have mistakes and confusion, and everything we're talking about in all	2 3 4 5 6 7 8 9 10 11 12 13 14	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well for 20 years. MS. GERSTEL: As someone who has 		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names given to them have mistakes and confusion, and everything we're talking about in all four of these slings is type 1 wide pore	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well for 20 years. MS. GERSTEL: As someone who has gave birth close to that year, I take 		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names given to them have mistakes and confusion, and everything we're talking about in all four of these slings is type 1 wide pore mesh.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well for 20 years. MS. GERSTEL: As someone who has gave birth close to that year, I take offense to that part.		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names given to them have mistakes and confusion, and everything we're talking about in all four of these slings is type 1 wide pore mesh. MR. DeGREEFF: I'll move to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well for 20 years. MS. GERSTEL: As someone who has gave birth close to that year, I take offense to that part. MR. DeGREEFF: Trust me, I'm		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names given to them have mistakes and confusion, and everything we're talking about in all four of these slings is type 1 wide pore mesh. MR. DeGREEFF: I'll move to strike as non-responsive. That wasn't	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well for 20 years. MS. GERSTEL: As someone who has gave birth close to that year, I take offense to that part. MR. DeGREEFF: Trust me, I'm real close to that too.		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names given to them have mistakes and confusion, and everything we're talking about in all four of these slings is type 1 wide pore mesh. MR. DeGREEFF: I'll move to strike as non-responsive. That wasn't the question that was asked.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well for 20 years. MS. GERSTEL: As someone who has gave birth close to that year, I take offense to that part. MR. DeGREEFF: Trust me, I'm real close to that too. Anybody need to take a break?		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names given to them have mistakes and confusion, and everything we're talking about in all four of these slings is type 1 wide pore mesh. MR. DeGREEFF: I'll move to strike as non-responsive. That wasn't the question that was asked. Q. My question was	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well for 20 years. MS. GERSTEL: As someone who has gave birth close to that year, I take offense to that part. MR. DeGREEFF: Trust me, I'm real close to that too. Anybody need to take a break? MS. GERSTEL: Sure.		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	inflammatory response than mesh with larger pores? MS. GERSTEL: Object to form. A. Yes. Q. What is the weight of the mesh in the TVT family of slings? A. I don't have that data. Q. Why does Ethicon call the Prolene mesh used in the TVT slings old construction mesh? MS. GERSTEL: Object to form; lack of foundation. A. I think terminology regarding the Ethicon family of meshes and names given to them have mistakes and confusion, and everything we're talking about in all four of these slings is type 1 wide pore mesh. MR. DeGREEFF: I'll move to strike as non-responsive. That wasn't the question that was asked.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Originally, yes. Q. And the mesh used in the TVT products was originally developed in 1974. Is that true? A. I don't have that knowledge of the date. Q. It was a long time ago, right, when it was developed? A. If that's the correct date, it's the number of years that it is. It's been working well for all these years. Q. It's almost a half century ago. Right? A. Yeah. It's been working well for 20 years. MS. GERSTEL: As someone who has gave birth close to that year, I take offense to that part. MR. DeGREEFF: Trust me, I'm real close to that too. Anybody need to take a break?		

Page 146 Page 148 1 General Report of Lawrence Lind, M.D. the materials you relied on in support of 2 re TVT, TVT-O, TVT-Exact and your opinions. 3 TVT-Abbrevo, June 24, 2019, was marked Correct? 4 A. Correct. for identification, as of this date.) 5 (Lind Exhibit 8, Lawrence Lind Q. I'm talking about the opinions 6 Supplemental General Materials List in you've given in your report, the general 7 Addition to Materials Referenced in opinions with regard to the TVT, TVT-O, 8 the TVT-Exact and TVT-Abbrevo. Report, was marked for identification, 9 as of this date.) Are all of those opinions that 10 BY MR. DeGREEFF: you intend to give at trial contained in 11 11 this report? Q. Sir, I'm handing you what has 12 12 been marked as Deposition Exhibit 7. A. Well, if the legal rules are 13 Can you tell us what that is? such that those are the limits, then those 14 A. It looks like my defense expert will have to be the limits. general report for TVT, TVT-O, TVT-Exact 15 I have additional thoughts, and 16 and TVT-Abbrevo. you will guide me as to the legal process. 17 17 Q. Sir, does this report contain Q. Have you been asked by defense 18 all of your opinions related to those 18 counsel to provide any additional 19 products? opinions? 20 20 A. No. MS. GERSTEL: Object to form. 21 Q. Is it your intention at trial to 21 A. No. 22 Q. What isn't in your report? provide any opinions that are not 23 A. In preparing for the deposition, 23 contained in your report? I have continued to read, continued to MS. GERSTEL: Object to form. Page 149 Page 147 A. I will follow whatever the legal pull more articles, and continued to educate myself. guidelines are. And if I'm able to speak 3 Q. Sir, do you understand that in opinions that are not specifically in this litigation, there's a deadline for there, I will, and if I'm instructed that disclosing expert opinions? I'm not allowed to do it, I'll follow the 6 A. Okay. instructions. 7 7 Q. Do you understand that deadline Q. Okay. Well, tell me what the has passed? additional opinions are that you have as 9 A. Okay. you sit here that are not contained in 10 Q. So, what opinions did you not 10 your report. 11 include in your report that you now intend MS. GERSTEL: Object to form; 12 to offer? 12 asked and answered. 13 13 A. I just have a little more detail A. There are details, there are on some adverse events and some -- it's studies which I discuss in here and I give really the studies are in there and it's opinions from those reports, and I have more information from those same studies really just a little more in-depth 17 17 understanding of what the studies have which I feel is additive to my opinions. 18 18 shown. Q. Do those studies, in any way, 19 So, I'm not adding studies to 19 alter your opinions? 20 the report. I'm just a little more A. They strengthen my opinions in 21 familiar with the drill-down ordeal of 21 the same direction. 22 22 what's within the studies. Q. So none of your opinions Q. I think we're talking about two contained in your report are going to different things, and you're talking about change?

Α. Correct.

1

10

11

12

13

14

15

16

17

21

22

13

14

15

16

17

19

20

21

So there is no new category of opinion that you plan to provide. What you're saying is you believe that you have a better understanding now of some of the materials you've -- or, I guess, materials you've already cited in your report. 8

Fair?

A. I think I have information that strengthens the opinions that I give.

Q. Okay.

But nothing will alter the opinions?

A. Correct.

Q. Have you prepared any kind of a supplemental report?

A. No.

18 Q. So, what is it that you want to add to the report that strengthens your 19 analysis of these materials? 20

MS. GERSTEL: Object to form.

A. Well, for example, you know, a report quoted often is the Schimpf meta-analysis and a high rate of leg or

Page 152

making that 16.7 percent, and the data

from those trials clearly indicates that

clearly the preponderance, or at least 90

percent of the data shows that all of the

pain goes away within a few weeks to a month. So, most of the data supporting

that 16.7 is transient pain, which I think

is very relevant as opposed to just the

number of 16.7.

10

11

12

18

21

In the Ford Cochrane analysis, which is also included several times in my report, supports that leg pain tends to be transient. So that's one example of an expansion or a deeper dive into a study to say what is the 16.7 percent in the Schimpf article mean, and doing some real research, we can say what's the body of literature that goes into the real number.

19 Q. What other opinions do you want 20 to add?

A. I would say I've seen an article by Teo which is quoted and it certainly sparks a lot of attention because it's a trial where they decided to stop the

Page 151

Page 153

groin pain. 2

Q. Okay.

A. And that kind of jumped off the page at me as something that seemed out of line with a lot of the reading I have done and my personal experience. So I decided to explore that pain because I think we can all agree that if someone has an incision in the groin, it would make sense that they would have pain, some degree. Let's not say much degree. Anywhere you have an incision there's going to be pain immediately postoperatively.

For the -- for the TVT, there's pain where the trocars come out of the suprapubic region. Right after and for the groin where it comes out. And what's of important interest is how severe is the pain and how long does it last. So that number that jumps off the page which a lot of people react to as a high leg pain rate, I wanted to explore that further. So I researched and found the seven

trial, feeling it would be immoral to

continue the trial because they had read

other articles that showed a high

incidence of groin pain and that it would

be -- it would be immoral to continue the 6 trial.

I said well, let me look into it. It really seems, again, what was the data that was so alarming and what was going on in their study. And in their study, when they stopped the trial, almost all the patients who had groin pain had it resolved within a couple of weeks and there was only one patient who had chronic groin pain and it was a patient in the TVT group. So I thought it was very interesting that a study that is quoted

often as how problematic that is a study

had to be stopped because of the high

level of groin pain reported elsewhere was in the middle of a study demonstrating

extremely little groin pain and the only

patient having prolonged problems was in

the other group. So I think it's -- my

randomized control trials that go into

- ¹ main message is that if you dive into
- deeper into the literature, the specifics
- about the groin pain and how often it is
- severe or prolonged very strongly is compelling that the pain is transient.
- Q. Okay. What else? What other
- opinions do you want to add?
- A. I would add an opinion on the
- Okulu article. Okulu used Vypro and absorbable mesh compared to two others for
- a sling, and it's a very strongly
- 12 presented as evidence that there was a
- better material, better alternative to the
- ¹⁴ TVT type mesh for slings. And I think
- it's, number one, it's unreasonable to use
- that as evidence that a TVT could be done
- better with this material because the --
- in taking a deeper dive it became clear to
- 19 me that they don't do a procedure that
- ²⁰ looks anything like a TVT. They make a
- ²¹ vaginal flap, a very large vaginal flap
- ²² and open a big incision, which TVT does
- not. They cut out an island of vaginal
- tissue and they sew a piece of this mesh

Page 156

- three articles, there are more articles in
- the Vypro Pub Med search on using it for
- mosquito netting than there are on using
- it for slings. And the remainder of this
- are related to non-incontinence
- procedures.
 - So, I think it's -- my main
- opinion that I'm adding is that the main
- study used that's comparative is on a
- procedure that doesn't resemble a TVT at
- 11 all. So I think it's unfair to say that
- 12 for a TVT this would be better. And that
- the data that's available for Vypro in the
- incontinence world is microscopically
- small compared to unprecedented data in
- favor of the TVT product which we're
- discussing. So that's an additional
- 18 opinion I would give.
 - Q. How many of those articles
- related to the TVT are long-term 20
- 21 randomized controlled trials with safety
- as the primary endpoint? 23
 - MS. GERSTEL: Object to form.
 - About 85.

Page 155

24

7

8

13

on top of the vaginal tissue and then they use sutures it make a hammock out of it.

- So, the procedure, while in that
- study, I get that it showed that the absorbable mesh had some favorable
- characteristics compared to the

3

- non-absorbable, it was describing a
- procedure that someone invented that
- doesn't exist anywhere else in the
- ¹⁰ literature. So I wanted to look a little
- 11 further into, you know, what is the
- evidence for Vypro and the absorbable
- meshes because the case that there's an
- alternative that's more favorable is very 15 important, I think, to our discussion in
- 16 weighing the pluses and minuses here. 17
 - So I did a literature search on Vypro mesh and there are 72 articles on a
- Pub Med search. If you look for Vypro. And while there are a -- if you research
- 21 midurethral sling, you'll get about 4,000
- and when you research Vypro mesh, you'll
- get 72. And there are precisely two
 - articles related to slings, and there are

Golkow Litigation Services

Q. Which long-term randomized control trials exist on the TVT?

MS. GERSTEL: Objection to form.

Page 157

- A. 417 had I believe 81 or 85 randomized controlled, I can't name them
- all, and they had about 13,000 patients.
- Q. Anything else you want to add? I just want to know so I can
- move to have them stricken.
- 10 MS. GERSTEL: I'm sorry?
- 11 MR. DeGREEFF: I just want to 12 know so I can move to have them
- stricken. BY MR. DeGREEFF:
- 15 Q. Doctor, were all these articles that you're talking about now available to you before you rendered your opinions in 18 this case?
- 19 A. The Okulu article was available and is quoted in my paper, but in reviewing my expert report and preparing for this, I read through that article and I -- when I noticed that it didn't look

anything like a sling and that it was new

Page 158 Page 160 1 ¹ information for me, that it really was not Those results are adverse to the a minimally invasive TVT type procedure, I TVT products. said to myself gosh, if this is so 3 Right? different, I'm curious how much we know 4 MS. GERSTEL: Object to form. about this. So I looked further. A. Well, I think they're -- I think So, in reviewing my present they're kind of good for my argument statements, new curiosities developed, so because they -- Okulu really doesn't describe a TVT procedure. So I would I researched them. consider it a strong defense that we're Q. Yeah, that's information that was available to you though prior to 10 trying to suggest something's an issuing your opinions. alternative when it's really not doing the 12 12 Right? procedure that we're interested in. 13 A. I guess the whole world of Q. No, I understand you think you 14 articles was available to me. can attack those conclusions somehow. 15 Q. Nothing new came out between the 15 But my question is the reason 16 time you wrote your report and now. you started looking into those articles is 17 Right? because the results on their face are bad 18 A. Well, there have been articles 18 for the TVT products. 19 that have come out, but not -- I don't True? 20 think we're speaking about new articles MS. GERSTEL: Object to form. 21 that came out that are relevant to your A. The studies didn't make sense to discussion right now. me. The reason I looked at everything I 23 Q. None of the articles that you had in my report and if something came to have now reviewed and wish to add opinions me that seemed curious or in question, Page 159 Page 161 on were unavailable at the time you like the 16.7 percent erosion, it just didn't seem right. So I'm a curious guy originally authored your opinions. 3 True? and I look into things, and I looked into it. I didn't go after it because it was 4 MS. GERSTEL: Object to form. 5 negative. I went after it 'cause it A. That's correct. 6 Q. This was something that you didn't make sense to me. 7 decided to look into after having been Q. But it was negative. 8 deposed previously on the TVT. Right? 9 Is that fair? A. I would say the Schimpf article 10 A. Well, from a time sequence, it 10 was misleading. 11 would be after the TVT, but it wasn't from Q. Is 16.8 erosion rate, is that an the TVT that had me do it. I was reading acceptable rate to you? my report four days ago and these elements 13 MS. GERSTEL: Object to form. just came to mind. So this was based on 14 A. It's a rate that's misleading 15 things that came to mind in reading because that's immediately postoperative, through my report preparing this week. 16 16 and that's what's wrong with her data. 17 17 Q. Because those articles that you Q. I understand that you want to now seek to attack, those results are bad attack an author who wrote something that 19 for the TVT products. 19 was actually published on the TVT 20 20 Right? products. 21 21 MS. GERSTEL: Object to form. My question is 16.8 percent 22 A. Which articles are bad? erosion, is that an acceptable erosion 23 Q. The ones you're talking about rate to you? that you now wish to further clarify. 24 MS. GERSTEL: Erosion?

	Lawrence 1		14, 11.5.
	Page 162		Page 164
1	A. Are you speaking of erosion or	1	BY MR. DeGREEFF:
2	leg pain? Because the Schimpf	2	Q. Did you write the whole thing?
3	Q. I'm sorry. Leg pain.	3	MS. GERSTEL: Objection.
4	MR. DeGREEFF: Strike that.	4	Subject to privilege under the Federal
5	Let's start over.	5	Rules of Civil Procedure.
6	A. So, my answer to that would be	6	Don't answer.
7	in the immediate postoperative period, I	7	MR. DeGREEFF: I can ask that.
8	think it's a very low rate of pain where	8	I don't get to see drafts, but I can
9	there's an incision and completely	9	ask who wrote it.
10	acceptable.	10	MS. GERSTEL: No, you can't ask
11	If that is prolonged or severe	11	about the report writing process.
12	and prolonged, I would consider that	12	MR. DeGREEFF: I absolutely can,
13	unacceptable.	13	but that's not where I'm going with
14	Q. What is an acceptable rate of	14	this anyway.
15	chronic groin or leg pain?	15	BY MR. DeGREEFF:
16	A. Well, everyone would have a	16	Q. Who wrote that report?
17	different cutoff because you're balancing	17	MS. GERSTEL: Objection.
18	the risks and benefits of each sling.	18	Don't answer.
19	So, you know, I think that in	19	Subject to privilege.
20	the 2 to 4 percent range is acceptable,	20	BY MR. DeGREEFF:
21	and we have to accept that in the	21	Q. Are you going to choose to
22	understanding that we are decreasing	22	accept your counsel's request that you not
23	bladder perforations, bowel perforations	23	answer my absolutely proper question?
24	with the TVTs. So it's not just does the	24	A. Yes.
	·	24	A. 1es.
	Page 163	24	Page 165
1	·	1	Page 165 MR. DeGREEFF: Moving forward,
1 2	Page 163 patient have leg pain. It's what we're trading.		Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us.
1	Page 163 patient have leg pain. It's what we're	1	Page 165 MR. DeGREEFF: Moving forward,
1 2	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive.	1 2 3 4	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically
1 2 3	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what	1 2 3 4	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it?
1 2 3	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive.	1 2 3 4	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically
1 2 3 4 5	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what	1 2 3 4 5	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis.
1 2 3 4 5	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of	1 2 3 4 5 6	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same
1 2 3 4 5 6 7	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT	1 2 3 4 5 6 7	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis.
1 2 3 4 5 6 7 8	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant?	1 2 3 4 5 6 7 8	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer.
1 2 3 4 5 6 7 8 9	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the	1 2 3 4 5 6 7 8 9	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer.
1 2 3 4 5 6 7 8 9	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form.	1 2 3 4 5 6 7 8 9	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that
1 2 3 4 5 6 7 8 9 10	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3	1 2 3 4 5 6 7 8 9 10 11	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's
1 2 3 4 5 6 7 8 9 10 11 12	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent.	1 2 3 4 5 6 7 8 9 10 11 12	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports?
1 2 3 4 5 6 7 8 9 10 11 12 13	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is	1 2 3 4 5 6 7 8 9 10 11 12 13	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection.
1 2 3 4 5 6 7 8 9 10 11 12 13 14	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is Exhibit 7, is 57 pages long.	1 2 3 4 5 6 7 8 9 10 11 12 13 14	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection. Don't answer.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is Exhibit 7, is 57 pages long. True? A. Yes.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection. Don't answer. MR. DeGREEFF: I absolutely can ask that. That is 100 percent
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is Exhibit 7, is 57 pages long. True? A. Yes.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection. Don't answer. MR. DeGREEFF: I absolutely can ask that. That is 100 percent correct. If he's pulled pieces of a
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is Exhibit 7, is 57 pages long. True? A. Yes. Q. I believe we discussed earlier	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection. Don't answer. MR. DeGREEFF: I absolutely can ask that. That is 100 percent correct. If he's pulled pieces of a report from other individuals' expert
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is Exhibit 7, is 57 pages long. True? A. Yes. Q. I believe we discussed earlier MR. DeGREEFF: Well, strike	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection. Don't answer. MR. DeGREEFF: I absolutely can ask that. That is 100 percent correct. If he's pulled pieces of a report from other individuals' expert reports, I have every right to know
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Page 163 patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is Exhibit 7, is 57 pages long. True? A. Yes. Q. I believe we discussed earlier MR. DeGREEFF: Well, strike that.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection. Don't answer. MR. DeGREEFF: I absolutely can ask that. That is 100 percent correct. If he's pulled pieces of a report from other individuals' expert reports, I have every right to know that.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is Exhibit 7, is 57 pages long. True? A. Yes. Q. I believe we discussed earlier MR. DeGREEFF: Well, strike that. Q. Who wrote that report?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection. Don't answer. MR. DeGREEFF: I absolutely can ask that. That is 100 percent correct. If he's pulled pieces of a report from other individuals' expert reports, I have every right to know that. MS. GERSTEL: It's all covered
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is Exhibit 7, is 57 pages long. True? A. Yes. Q. I believe we discussed earlier MR. DeGREEFF: Well, strike that. Q. Who wrote that report? A. I did.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection. Don't answer. MR. DeGREEFF: I absolutely can ask that. That is 100 percent correct. If he's pulled pieces of a report from other individuals' expert reports, I have every right to know that. MS. GERSTEL: It's all covered by
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	patient have leg pain. It's what we're trading. MR. DeGREEFF: Move to strike non-responsive. Q. My question was just simply what is an acceptable rate in your mind of chronic groin and leg pain from a TVT implant? MS. GERSTEL: Object to the form. A. I would say in the 2 to 3 percent. Q. So, your report, which is Exhibit 7, is 57 pages long. True? A. Yes. Q. I believe we discussed earlier MR. DeGREEFF: Well, strike that. Q. Who wrote that report?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Page 165 MR. DeGREEFF: Moving forward, you guys won't get anything from us. BY MR. DeGREEFF: Q. So, did you actually physically write every word of it? MS. GERSTEL: Objection. Same basis. Don't answer. A. I'm declining to answer. Q. Are there any parts of that report that came from other people's reports? MS. GERSTEL: Same objection. Don't answer. MR. DeGREEFF: I absolutely can ask that. That is 100 percent correct. If he's pulled pieces of a report from other individuals' expert reports, I have every right to know that. MS. GERSTEL: It's all covered

	Lawrence .	•	
	Page 166		Page 168
1	MS. GERSTEL: It is.		supplemented because you came up with
2	MR. DeGREEFF: No, it's really	2	additional articles that you reviewed in
3	not.	3	preparation for your deposition.
4	MS. GERSTEL: It is. I'm	4	Is that true?
5	directing him not to answer.	5	MS. GERSTEL: Object to the
6	MR. DeGREEFF: Okay.	6	form.
7	BY MR. DeGREEFF:	7	A. I think there's also one or two
8	Q. Why do you think your counsel	8	that were in my report which we did not
9	doesn't want you to tell me who wrote your	9	have on there. So there were a couple of
10	report?	10	articles that I added and a couple that
11	MS. GERSTEL: Objection.	11	were erroneously that were not added that
12	A. I don't know whether there are	12	were already on the report.
13	legal guidelines that she feels give that	13	Q. Okay.
14	that's the way it's supposed to go.	14	So, is everything
15	Q. Do you think if you wrote the	15	MR. DeGREEFF: Strike that.
16	whole thing, she'd let you answer?	16	Q. Does your supplemental reliance
17	MS. GERSTEL: Objection.	17	list, together with your report, contain
18	Don't answer that.	18	everything that you reviewed in rendering
19	A. I'm declining to answer.	19	your general opinions?
20	Q. So, it took you 25 hours to	20	A. As I stated previously, I have
21	write a 57-page report.	21	read additional materials all week and
	Is that right?	22	have some other things in my head, and I
23	A. Right.	23	do understand that you have legal reasons
24	Q. Your report also has a reliance	24	for why I may or may not be able to use
	Page 167		Page 169
1	list along with it. That's Exhibit 8.	1	those, but so there would be some that
2	list along with it. That's Exhibit 8. Correct?	2	those, but so there would be some that I reviewed that are not in there.
2 3	list along with it. That's Exhibit 8. Correct? A. Right.	2 3	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was
2 3 4	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended	3 4	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago.
2 3 4 5	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago?	2 3 4 5	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional
2 3 4 5 6	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with	2 3 4 5 6	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then?
2 3 4 5 6 7	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to	2 3 4 5 6 7	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have.
2 3 4 5 6 7 8	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include.	2 3 4 5 6 7 8	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to
2 3 4 5 6 7 8	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it?	2 3 4 5 6 7 8	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by
2 3 4 5 6 7 8 9	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at	2 3 4 5 6 7 8 9	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues?
2 3 4 5 6 7 8 9 10	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment.	2 3 4 5 6 7 8 9 10	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection.
2 3 4 5 6 7 8 9 10 11	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that	2 3 4 5 6 7 8 9 10 11	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF:
2 3 4 5 6 7 8 9 10 11 12 13	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it?	2 3 4 5 6 7 8 9 10 11 12 13	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look
2 3 4 5 6 7 8 9 10 11 12 13	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did.	2 3 4 5 6 7 8 9 10 11 12 13	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did. Q. All of them?	2 3 4 5 6 7 8 9 10 11 12 13 14	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them? MS. GERSTEL: Objection. That's
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did. Q. All of them? A. All of them.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them? MS. GERSTEL: Objection. That's will go under privilege.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did. Q. All of them? A. All of them. Q. Who drafted the additions to the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them? MS. GERSTEL: Objection. That's will go under privilege. Communications between experts and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did. Q. All of them? A. All of them. Q. Who drafted the additions to the reliance list?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them? MS. GERSTEL: Objection. That's will go under privilege. Communications between experts and counsel are privileged.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did. Q. All of them? A. All of them. Q. Who drafted the additions to the reliance list? A. The reliance list, the typed	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them? MS. GERSTEL: Objection. That's will go under privilege. Communications between experts and counsel are privileged. MR. DeGREEFF: That's a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did. Q. All of them? A. All of them. Q. Who drafted the additions to the reliance list? A. The reliance list, the typed reliance list was done by counsel.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them? MS. GERSTEL: Objection. That's will go under privilege. Communications between experts and counsel are privileged. MR. DeGREEFF: That's a privilege?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did. Q. All of them? A. All of them. Q. Who drafted the additions to the reliance list? A. The reliance list, the typed reliance list was done by counsel. Q. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them? MS. GERSTEL: Objection. That's will go under privilege. Communications between experts and counsel are privileged. MR. DeGREEFF: That's a privilege? MS. GERSTEL: Yes, under the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did. Q. All of them? A. All of them. Q. Who drafted the additions to the reliance list? A. The reliance list, the typed reliance list was done by counsel. Q. Okay. A. The input to the reliance list	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them? MS. GERSTEL: Objection. That's will go under privilege. Communications between experts and counsel are privileged. MR. DeGREEFF: That's a privilege? MS. GERSTEL: Yes, under the rules.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	list along with it. That's Exhibit 8. Correct? A. Right. Q. Are you aware it was amended five days ago? A. I remember I had come up with some articles that I had wanted to include. Q. What was added to it? A. I don't recall specifically at the moment. Q. Who chose the materials that were added to it? A. I did. Q. All of them? A. All of them. Q. Who drafted the additions to the reliance list? A. The reliance list, the typed reliance list was done by counsel. Q. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	those, but so there would be some that I reviewed that are not in there. Q. Well, your reliance list was just supplemented five days ago. Have you reviewed additional materials since then? A. I have. Q. The materials that you added to your reliance list, were you directed by counsel to look into certain issues? MS. GERSTEL: Objection. BY MR. DeGREEFF: Q. Is that why you started to look into them? MS. GERSTEL: Objection. That's will go under privilege. Communications between experts and counsel are privileged. MR. DeGREEFF: That's a privilege? MS. GERSTEL: Yes, under the

Page 170 Page 172 1 ¹ okay. on it. 2 MS. GERSTEL: I'm sorry? Are all of the materials, 3 MR. DeGREEFF: Not if they rely materials, you're not a material, as far 4 as I'm aware of, but are all of the on it. If he takes actions what 5 materials you relied on in rendering the you're telling him to do. 6 MS. GERSTEL: No. communications opinions in your report contained in 7 either the supplemental reliance list or between expert and counsel are 8 the report itself? privileged. 9 A. When I go to courses, there are MR. DeGREEFF: If you provide 10 materials, entire binders that have information that's ultimately relied 11 on, then I'm entitled to discovery. 11 information. 12 12 MS. GERSTEL: The communications Q. Are those on your reliance list? 13 are qualified under privilege except 13 No. I've learned them over the A. 14 to the extent that they pertain to --14 vears. 15 15 MR. DeGREEFF: I'm not asking Q. Why not? 16 16 what was said. I'm asking if he was A. Because they're in my brain. I 17 17 directed to do a search. have them. 18 MS. GERSTEL: That pertains to 18 Q. Do you understand that I have 19 communication between me and him. the right to understand and know about and 20 see all of the materials you relied on in MR. DeGREEFF: You and I are 21 reaching your opinion? going to have to disagree on that. 22 22 BY MR. DeGREEFF: A. I think you're totally 23 reasonable, and I am certainly not trying Q. In rendering the general opinions that you've got in your report, to be difficult. But when you say when I Page 171 Page 173 is everything that you relied on in giving made opinions, what I have told you I also those opinions contained in your reliance have from opinions which is the knowledge list or the report itself? that's in my brain from the sum total of MS. GERSTEL: Object to the places I've gathered information, that's 4 5 part of where my opinions came from. form. And if the word "materials" is 6 A. Say that again. 7 Q. Is everything you relied on in something for us to focus on, in many of rendering your opinions -the places where I learned there were 9 MR. DeGREEFF: Strike that. materials. I can't produce them. If that 10 Q. Are all the materials you relied makes it illegal to be part of this, you know, you'll instruct me on that, and you on in rendering the opinions in your 12 report contained in either your report or and Diana will discuss that. But my 13 the supplemental reliance list? opinions have a lot that comes from a lot 14 A. No, 'cause I also depend on of different sources of learning that 15 knowledge learned from courses, books, don't have materials that can be put into reading, education, clinical experience, 16 the reliance list. 17 17 discussion with other experts, all the Q. I want a copy of the materials 18 time I spent in R&D labs. 18 you're talking about that I haven't seen. 19 19 So, my reliance is not just on Do you have copies of them? 20 articles. So I've had 25 years of A. I have some of them. Yeah. 21 learning that come from sources that are 21 MR. DeGREEFF: I would like you 22 22 other than articles. to give your counsel all of them and 23 23 Q. Let's try this again. I think then she can produce them to me. 24 if you listen to my question, it will be Is that okay with you?

6

8

10

11

12

13

14

21

15

Page 174

THE WITNESS: I'll give you what

I have, just clarifying that it won't

be the full complement of every
educational piece that I have. But I

do have quite a few.

MR. DeGREEFF: Whatever you claim to be relying on, I want to see a copy of it. So please give it to your counsel.

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

1

2

3

4

5

6

7

8

9

10

11

12

16

17

18

21

MS. GERSTEL: Are you talking about every textbook he read in medical school?

MR. DeGREEFF: Right. Or at least identify it. They haven't been identified.

Well, I mean, if we're going to play this game, we're going to play this game.

MS. GERSTEL: I'm not trying to play a game.

MR. DeGREEFF: If that's the way we're going to play, if that is the game you want to play, then that is the game we're going to play.

Page 176

I'm not going to show up with
 binders and binders of things that you
 haven't had a chance to look at in the
 proper process.

MR. DeGREEFF: Well, if there are materials that you are going to rely on that are not on your reliance list, identify them and give them to your counsel, please.

BY MR. DeGREEFF:

Q. So, can you identify them right now for me?

MS. GERSTEL: Objection.

A. There's binders and binders of course materials I've taken every year I take one or two courses. There's the -- every year I update and I get the binder for the female pelvic medicine fellowship board certification course. It's, you know, it's like three of these binders.

And, yeah, I mean, I'll get you -- if you said you want everything that I have, I'll get you everything I have.

Page 175

MS. GERSTEL: I'm not trying to play a game.

I'm just saying that he's a urogynecologist, and his opinions on urogynecology are based in part on his sum total of experience in practice and in learning as a urogynecologist.

MR. DeGREEFF: That's not the response to my question. My question is very simple.

BY MR. DeGREEFF:

Q. What materials am I going to see that you're going to talk about at trial in support of your opinions that are not included in either your reliance list, your supplemental reliance list, or your report?

A. Well, I would say if I rendered the opinions from the items that I learned outside of these materials that you have in front of them, they're going to be presented in the same way as part of my experience and knowledge as a urogynecologist.

Page 177

BY MR. DeGREEFF:

Q. Are those things on your reliance list?

A. Well, I would say that the course, let's say the 2018 fellowship review course binder instruction and

⁷ educational materials, that is not on my

8 reliance list. There are certainly

9 hundreds of articles from that course that

are on my reliance list because a number

of topics in that course are slings,

efficacy and safety of slings, and, you

know, all the sections that have to do with mesh and slings are in that course.

I would ask if you like, if we're going to do that, I would take out the things that have to do with constipation and, you know, things that don't have to do with mesh or slings just so that it's not like this (indicating). But if you want it all, I'll follow

22 instructions.
23 O Right So this is not support

Q. Right. So, this is not supposed to be a difficult question. I mean, what

- ¹ I'm trying to figure out is what I'm going
- to see at trial and what you're going to
- discuss at trial.

This is the supplemental

- reliance list as I know it, and this is
- what has been provided to us as the things
- you relied on. And I am not including
- your experience and learning and knowledge
- and all those things because I understand
- there's not a material for that.

I'm trying to figure out what materials that I'm going to look at at

- trial or that you could potentially be
- using at trial that are not included in 15 your supplemental reliance list or your
- 16 report. 17

11

12

- A. I think we can safely say what you have in front of you are the
- materials, or the scientific materials
- that are going to come forward. 21
- I cannot separate the literature ²² from opinions I'm going to have based on
 - every other source and way that I learned,
- that those are not going to be opinions.

Page 179

- But from the standpoint of materials, I
- think you have what I'm going to present
- 3 to the court.
- 4 The only clarification I would give there is that these articles in and
- of themselves have references. So those
- references I would consider as part of
- what I might reference. Meaning in the
- bibliography of an article, it may
- describe the articles that are supporting
- 11 itself, and I may speak to articles that
- are in the bibliography that are not --
- that you don't have as a full.
- 14 Q. So, it's your belief that by
- disclosing an article as something you
- relied on, that you're therefore
- disclosing, for example if there's a
- hundred citations for it, you're
- 19 disclosing all of those?
- 20 A. Well, if I'm reading a Schimpf 21 article and we're discussing Schimpf and
- we're discussing Schimpf which is an
- article I've disclosed and it is relevant
 - to discussing the data that she discloses,

¹ for example the leg pain data, and it's

- part of my knowledge that the articles
- that comprise the 16.7 percent have
- information X, Y and Z, I consider that
 - fair game.

If it's not legally, you'll

inform me.

8

11

12

15

16

18

22

23

8

14

15

16

19

20

21

22

23

24

Q. Okay.

So, are you needing to update or supplement your reliance list? Is that what you're telling me?

MS. GERSTEL: Objection.

13 THE WITNESS: Am I supposed to 14 answer that?

MS. GERSTEL: No, go ahead.

- A. If I had the opportunity, given that your goal is to have everything that would be presented, I would update it.
- Q. Can you update this and provide 20 me a final reliance list that will include 21 everything that you intend to rely on?
 - A. I'd be happy to do that.

And I promise that between now and any subsequent time we meet there

Page 181

Page 180

- won't be ten more to add. So I would be
 - happy to, I think, come together on what
 - this discussion's been, and if was given
 - the opportunity to update it, I would add
- about ten articles and we could call that
- yes, you have in front of you the articles
- I would rely on.
 - Q. Okay.
 - A. The materials.
- 10 O. Well, let's do that because I want a final materials list. So, I mean, 12
- that's the goal. 13

A. Okay.

MR. DeGREEFF: How soon can we get that?

THE WITNESS: In a few days.

17 MS. GERSTEL: Yeah. 18

MR. DeGREEFF: Okay. That's fine.

So, I'm going to mark a blank document as Exhibit 9, and then we can provide the supplemental materials list to the --

THE WITNESS: I'm making myself

Page 182 Page 184 1 a homework note. Q. Who chose the remaining 25 2 MR. DeGREEFF: -- to the court percent? 3 A. Counsel. reporter. 4 Q. What was the methodology you Sir, for the record, can we 5 applied for choosing the medical agree that you are going to provide 6 what is going to be a final reliance literature that was included in the 7 list to your counsel to be provided to reliance list? 8 me and the court reporter? A. You know. I started -- I like to 9 THE WITNESS: Yes. start on my own. I started on my own 10 MR. DeGREEFF: Thank you. doing my Pub Med searches on the different 11 products, then the different products plus And we will mark that as 12 Deposition Exhibit Number 9. complications, and from those choosing 13 (Lind Exhibit 9, placeholder for articles that I wanted. And when I got to 14 production by the witness, was marked areas where I felt that I was incomplete 15 for identification, as of this date.) or didn't really have -- didn't seem to 16 BY MR. DeGREEFF: have authoritative understanding, I'd say 17 Q. Looking at Exhibit 8, the do you have anything on this. Then they 18 current version of the supplemental 18 would provide materials. 19 reliance list, that reliance list is more So, you know, it was kind of a 20 20 back-and-forth. It was really -- I was than a hundred pages long. 21 Right? trying to tell my story, and when my story 22 A. I believe you. had gaps, I said do we have more Q. Is it fair to say it includes 23 information that I'm not finding on this. 24 thousands of documents and materials? It's hard when you try to do Page 183 Page 185 a -- you know, the limitation where 1 A. Yes. 2 requests were made, it's really just a Q. Who chose the documents on that 3 reliance list? function of how large the literature is. A. I chose the vast majority, and 4 When you put in midurethral slings, you counsel suggested some additional. get 4,000 on Pub Med. So, I was very, Q. You chose the vast majority of 6 very diligent in preparing this report, the internal Ethicon documents that are on but when going through 4,000 on a that reliance list? midurethral sling search and, you know, 9 A. No. Of the -- of the scientific several hundred when you put in a TVT-O 10 literature. search, a TVT-O complication search, FDA, 11 I didn't choose any of the you know, notifications list, you know, 12 it's just -- the reality is unless I had a Ethicon documents. 13 full-time job, I could review 10,000 Q. Okay. 14 So, of the documents on your documents and figure out which were 15 reliance list, is it fair to say that the relevant. So I pulled the ones which portion you provided input on is the clearly looked right to me. I tried to 16 16 17 17 medical literature section? point more towards the randomized 18 Α. Yes. controlled trials, that sort of thing. 19 Q. And the remainder of it was 19 So, I created a story. And when chosen by defense counsel? the story had areas where I didn't feel I 21 The -- for the most part, yes. 21 had good literature, I said do you have A. 22 Q. What percentage of the medical articles that I don't in this area, and literature would you say you chose? they -- sometimes they said yes and

75 percent.

24

sometimes they said no.

Page 186 Page 188 1 Q. Did you ever inquire as to A. In detail, no. defense counsel's methodology for 2 Q. That would have been essentially selecting the literature included in the impossible? reliance list? A. Thousands of hours. 5 5 Q. Right. A. No. 6 Would have taken thousands of Q. I think you said you spent about 40 hours reviewing the materials on the hours to review all those, right? 8 reliance list. A. In detail to really read through 9 Is that correct? an article in depth. 10 A. Right. 10 Q. Because if you've got thousands of documents on your reliance list --11 Q. Fair to say you did not review 11 every document on that 102-page 12 12 A. It's ten minutes per, minimum. supplemental reliance list? 13 Q. Right. 14 14 A. I scanned the title of every So you're looking at 10,000 article and decided which ones I wanted to 15 hours to review all those documents. Right? 16 look into further. 17 17 Q. Okay. So, fair to say you did A. Correct. 18 not review in detail every piece of 18 Q. And you essentially did what you medical literature included on that could in 40 hours. supplemental reliance list? 20 20 Right? 21 21 A. That's fair to say. MS. GERSTEL: Object to form. 22 22 Q. Did you review all of the A. I spent the time I felt nonmedical literature documents? necessary to do an excellent job on -- on 24 I'm not sure which ones you're the task, understanding that reading every Page 187 Page 189 item available on it provided in the world referring to specifically. or on the reliance list was not possible. Q. Okay. Well, anything that's not designated as medical literature on your Q. What percentage of the medical literature on your supplemental reliance report, did you review all of those documents? list did you actually review in detail? MS. GERSTEL: Object to form. 6 MS. GERSTEL: Object to form. 7 7 A. Well, I think I stated A. In detail, I would say 30 previously that I reviewed some Ethicon percent. 9 internal documents and did not review Q. What percentage of the total 10 others. documents on the reliance list, all of 11 them including the internal documents and Q. So, it's reasonable to say that you didn't review everything on your everything else that's on there, did you 13 13 reliance list. actually review in detail? 14 14 Right? MS. GERSTEL: Object to form. 15 MS. GERSTEL: Object to form. 15 A. I can't give you a percentage on A. I read the titles of each and 16 16 17 17 selected the ones I thought were most Q. How did you decide which 18 pertinent. articles to review in detail and which 19 Q. I'm not talking about just 19 ones not to? 20 medical literature. A. The quality level of the study 21 was the primary, meta-analysis, systematic I'm saying you didn't review all reviews or randomized control trials, and of the documents on this 102-page reliance list in 40 hours. then of course I was interested on the --24 Right? I mean, I -- those are all the comparative

Page 190 Page 192 ¹ trials. And then in those comparative selection. trials, I wasn't seeing a lot of themes Q. Well, it's not a term I'm using. which I know are being proposed as It's a term that's on the reliance list. ⁴ problems or negative aspects of some of A. Where is that term? the products. So I looked for -- I did Q. At the top there (indicating). 6 a -- I did a search on complications. So A. It says "Production Materials." ⁷ I went through complication articles on my So, let's see what we got here. search and decided to pick out ones that I This would appear to be internal documents describing various aspects of should review that seemed to be at odds with the randomized controlled trials. bringing product to study, to develop, to 11 11 bring forward. Q. Did you review all of the 12 12 articles that were selected and provided Q. Was today the first time you 13 by defense counsel? knew there was a heading for production 14 MS. GERSTEL: Object to form. materials on your supplemental reliance 15 A. I would say I reviewed every 15 list? ¹⁶ title and decided, based on the time frame 16 MS. GERSTEL: Object to form. 17 A. On the heading, I had not seen I had, which ones were relevant and comprehensively reviewed a very good 18 the heading. fraction of them, but not all of them. I've seen this list of 20 Q. You have on your reliance list documents, and I've read a good fraction ²¹ 17 pages -- excuse me. On your 21 of them. ²² supplemental reliance list 17 pages of 22 Q. You didn't know there was a what are referred to as production heading because you didn't draft it. materials. I think it's around page 75, Right? Page 191 Page 193 if that helps. MS. GERSTEL: Object to form. 2 A. In this document? A. I didn't know there was a 3 Q. Yes. In Exhibit 8. heading because when you turn it over, it's so thick that it's covered by the 4 A. Do you want to show me where 5 that is? stapled area. 6 Q. I'll try. So, in looking over this to look 7 (Pause.) at each number, the heading on the page Q. I'll start over. was not particularly of importance to me 8 9 You have on Exhibit 8, which is when I was reviewing it. 10 the supplemental reliance list that's 10 Q. I mean, you had seen the 11 supplemental reliance list before today. currently available, 17 pages of what are 12 referred to as production materials. 12 Right? 13 Do you see where I'm at? 13 A. Yes. 14 14 A. Yep. Q. Was there a staple on the page 15 Q. And that's hundreds of documents 15 then? listed on there, right? A. There was a clip or a staple or 16 16 17 A. Yep. 17 something. 18 18 What qualifies as a production Q. Who selected the document --19 19 material, for purposes of this reliance MR. DeGREEFF: Strike that. I 20 20 list? think we already talked about this. 21 21 O. The documents included in this A. I don't know what definition they give to qualify it as a production production materials section were selected document. It's a term you're using that 23 by defense counsel. 24 I'm not aware is how it's used for Correct?

Page 194 The internal documents were all

2 selected by counsel.

Q. Did you review all of these --MR. DeGREEFF: Strike that.

5 Q. Did you review any of these documents included in the production materials section?

A. Yes.

1

3

4

8

20

1

3

4 5

23

24

9 Q. What percentage of them?

10 20 percent.

11 Q. And how did you select which documents you reviewed? 12

13 A. You know, based on what I was reading. I asked for a number of topics.

I'd say, you know, tell me -- you know, I was particularly interested in discussions

17 of laser-cut mesh. I said are there any internal documents describing concerns about the thigh and the obturator.

So, a good fraction of them were things I came upon where I felt like I wanted to know what was going on in the decision-making, and then others were offered by counsel.

Page 196

an online database where all of the

documents were produced? Were you given

access to that online database so you

could do your own searches?

A. The online database, no.

There's around 81 depositions on your reliance list. It's towards the end.

It's after the production materials

section.

10

12

13

14

19

11

12

16

17

20

21

So, that is a section on your reliance list that includes about 81 depositions.

Correct?

A. I'll trust your number.

15 Q. Does it look reasonable?

16 A. Yep.

17 Q. Fair to say you didn't read all 18 of those?

A. I did not read all of those.

20 Q. Who chose the depositions that were included on this reliance list?

A. As stated previously, there are certain topics I asked for, which would be a smaller subset which -- which I asked

Page 197

Page 195

Q. Well, you didn't select any of the internal documents.

Right?

MS. GERSTEL: Objection; asked and answered.

6 A. I selected the topic. The information and then the internal document was provided on the several topics that I 9 asked about.

10 Q. Were you given any kind of access to the document production database 12 so that you could do your own search for

13 documents? 14 A. I was given a binder of enormous numbers of company documents, and I ¹⁶ discussed that I -- it would be impossible for me to review all of them. So it would have to be a combination of things I was interested in and things that counsel thought was most relevant for us to 21 discuss given reasonable but pretty 22 significant preparation.

Q. My question is, I apologize. Were you given access to there's for which generated some of these.

Now, they probably would have been on the comprehensive list they were

planning to include, but I requested,

let's say, 10 or 20 documents, or 10 or 20

categories of documents and they were

provided, and the rest were electively provided by counsel.

Q. For example, did you review Meng 10 Chen's depositions?

A. I don't recall.

Q. Who's Laura Angelini?

13 A. I don't recall.

14 Q. Did you read all of the Piet 15

Hinoul depositions?

A. I didn't read all of it. I read some sections.

18 Q. How many of these depositions 19 did you actually read?

A. I would say I read parts of ten.

Q. Which ten?

22 A. Arnaud sounds familiar, Hinoul,

Charlotte Owens sounds familiar, David

Robinson.

Page 198 Q. Well, David Robinson sounds

familiar because I asked you about the medical director Dr. Robinson earlier.

Correct?

1

4

5

6

8

9

10

11

12

15

16

17

18

23

24

3

4

6

7

8

9

10

13

14

15

16

17

18

21

22

MS. GERSTEL: Object to form.

A. No. I recall independently that that was one of the ones that I had read.

Q. How did you select the depositions that you read?

A. It would come up in a topic. It would come up in a topic, you know, set up as what was -- what was Ethicon concerned about when they were making the obturator sling, and then some deposition testimony or internal documents were sent on that.

What other questions did I ask?

I was curious what the, you know, lead directors of the administration's opinions and thought processes were on the topics that are being raised in this litigation. So then some of the directors' transcripts were provided.

Q. So, did you review depositions

¹ included in the reliance list?

A. I requested by topic 'cause I didn't know the names of the players.

I mean, looking back, I remember interacting with some of these people when I was helping to teach some of their labs and that sort of stuff, so I remember some of the names, but I didn't have any reason to select the names that I knew. There were topics that I was interested in.

Page 200

Page 201

- Q. Then there are six pages of, quote, other materials, right after the depositions.
 - A. Okay.

11

12

14

15

17

18

23

24

4

Q. What's included in the other materials section?

MS. GERSTEL: Object to form.

A. This looks like authoritative articles or materials from authoritative entities, such as FDA, ACOG, AUA, the other quality and research and scientific administrative agencies and female pelvic medicine.

There are some studies, a lot of

Page 199

where Ethicon employees were expressing

concerns about making the TVT-O?

A. Yes.

Q. What was your understanding of the concerns they were expressing?

A. They were concerned about groin pain.

Q. Anything else they were concerned about?

A. There were concerns whether the laser-cut mesh was stiffer and if it was stiffer, if it would change the behavior and/or success or adverse reactions in the procedure.

Q. And those were -- those concerns were expressed in the -- by Ethicon employees in the depositions you read?

A. I'm mixing together in my mind the depositions versus e-mails. So this is just -- to me it's just in my head as internal documents.

O. Okay.

Did you specifically request by name any of the depositions that are

guidelines, position statements, bulletins by the authoritative societies.

Q. Who chose those materials? MS. GERSTEL: Objection.

put them in my report by my own discretion. And I was being followed very

A. Those are mostly by me. I had

8 closely in our societies the growing,
9 growing support of the midurethral sling

based on its data, safety and efficacy

based on its data, safety and efficacy profiles. So the -- it was a very strong

part of my report was to -- it was a very

strong part of my report to -- so, these

are mostly requested by me because --

¹⁵ either provided by me or requested by me

because they came across through my societies with a very very strong

societies with a very, very strong repeated, repeated support for the case

¹⁹ for the midurethral sling being important

to preserve and important to clarify for
 the educational world, the patient world.

Q. You asked for Dr. Elliott's

curriculum vitae?
 A No Again if we're goi

A. No. Again, if we're going to go

Case 2:12-md-02327 Document 8654-6 Filed 08/29/19 Page 53 of 97 PageID #: 208017 Lawrence Lind, M.D. Page 202 Page 204 ¹ item by item, I can tell you whether I A. Got it. requested it. Q. Did you review all these expert I'm talking about the dominant reports? fraction of these are things that I A. I didn't review all of them, no. provided or requested. I did not request Q. Why was it important to you to all of them. review expert reports? A. It would educate me on the Q. What percentage of them did you opinions of the plaintiff experts as to 8 request? A. The first page is about half. what they felt was most relevant and what The second page is a quarter. The third the arguments were on the plaintiff's page is a third. The page that's got 11 side. 12 12 Daniel Elliott, I would say none. Q. And which ones did you review? 13 Q. Is it fair to say you requested 13 A. When I was doing my Prolift general report, I read Garely and Elliott. less than half of the materials included I remember those names. We had one in -- the documents included in the other materials section of your reliance list? Rosenzweig report because it was 17 associated with one of the case-specific MS. GERSTEL: Objection to the 18 form. reports. He was the case-specific expert, 19 A. Somewhere between 30 and 50 so I read his report when I read that. So 20 20 I read three or four. percent. 21 21 Q. So you read three or four of the Q. And what percentage of these 22 22 materials did you actually review? maybe 30 or so that are on here? 23 23 A. The ones that I requested I A. Right. 24 Q. Did the plaintiff's expert reviewed. Page 203 Page 205 Q. And the rest of them were put on reports that you read reference documents the reliance list by defense counsel. that were contrary to your opinions in 3 Is that correct? this case? A. Yes. 4 A. Yes. 4 5 Q. For example, there are some Q. Are those documents, are they referenced on your reliance list? things in the other materials that say, for example, excerpts from Budke trial A. I have a lot of -- I was pretty transcript. good on my report about putting in, you 9 know, negative articles that are of Who would have done these 10 excerpts? Is that something you did? 10 question. 11 11 A. I don't know. I would say that there are 12 negative articles in a more comprehensive Q. Who would have chosen the list on there. They're not all in my 13 excerpts that were used? 14 A. I don't have the answer to that. report. But I did select articles which I 15 Q. Do you remember reviewing any felt were either I found on my own or that excerpts from trial transcripts? 16 I was -- saw were focuses of plaintiff's 17 17 A. There were one or two trial reports and chose to comment on them. 18 transcripts which I did review. I can't Q. So the plaintiff's experts are

19

22

23

tell you which ones. Q. So, on the very last page of Exhibit 8, your supplemental reliance list, there's a number of expert reports listed. Do you see that?

True? 24 MS. GERSTEL: Object to the

your reliance list or in your report.

medical literature and documents in their

reports that were adverse or contrary to

your opinions that were not included on

19

20

24

Document 8654-6 Filed 08/29/19 Page 54 of 97 PageID #: 208018 Lawrence Lind, M.D. Page 208 Page 206 1 form. So, why are there so many 2 A. Some are included and some are documents on your reliance list if you're not relying on them? not included. Correct. MS. GERSTEL: Objection to form. Q. Did you review those documents or pieces of medical literature that were A. You know, in discussions, when contrary to your opinions? we bring a topic and, you know, if I say A. I read through a good fraction that, you know, I've seen this internal of them on the reports that I read. 8 document and I think it's relevant. I'd 9 Q. How did you get the internal like to have access to the documents if I 10 documents that they referenced? Did you choose to review them. So then they are ask defense counsel for them? 11 11 added. 12 12 A. When I thought it was relevant. So, you know, there are times 13 Were those documents provided? where I'm in the discovery process and Q. 14 A. When asked for, yes. putting together the report process and I 15 Q. Did you pull each of the say gosh, I see that there's this internal deposition citations in the plaintiffs' document that talks about X. I say well, 17 expert reports? I'd like to see internal documents that 18 MS. GERSTEL: Objection. discuss, you know, A, B, C. So these are 19 A. I did not pull every one. I added. And then the ones that I see pulled a good fraction of them based on pertinent I review and the ones that just 21 what the titles were and the time don't make the cut based on trying to do constraints. an excellent job, but having a body of 23 literature and internal documents that's, So the answer is I did not pull you know, a four-year Ph.D. thesis worth all of them. I pulled a very good Page 207 Page 209 of true deep dive, you have to make your fraction of them. 2 choices. Q. Of the deposition excerpts? 3 A. The depositions, I'm sorry. Q. I mean, fair to say you're 4 The expert reports was a good obviously not relying on them if you fraction. The deposition excerpts, if haven't reviewed them. there was a reference to an internal -- a 6 Right? few. A few. I can't say that was MS. GERSTEL: Object to form. comprehensive. And the deposition reports A. I am not relying on articles at times were so extensive, you know, it that I haven't reviewed. 10

could be a week-long deposition that

sometimes the purpose of that review was

not to comprehensively understand all the

depositions that went on. It was to get a

14 flavor for what kind of discussions, you

know, the employees, the administrators

were having related to the topic, just to

get a flavor for what was going on

internally there. They're extremely long

19 and not possible to drill down on and

examine comprehensively.

So I would say on the expert reports, I pulled a good fraction. On the deposition reports, a very small number.

Q. Okay.

21

24

Of course I would ask the question am I permitted to review those and use them moving forward, but I guess this is really not the place for that question. I'll take that up with counsel.

Q. Yeah. I'll let you take that up with her.

I want to look at Exhibit 7, which is your report, if you don't mind.

A. Sure.

15

16

17

19

20

21

22

24

Q. On page 15 under

"Complications."

Are you following me?

23 A. Mm-hm.

There's a section where you say:

Page 210 ¹ Surgeons should also advise their patients I will state from my practice of of their own success and complication seeing them regularly and insuring that rates as well as rates that are published they come back at those intervals, that I in the peer-reviewed literature. In our feel very confident that my efficacy and practice, the complication rates with TVT, safety reflects that of the literature. TVT-O, TVT-Exact, and TVT-Abbrevo are Q. Okay. So, I think that was a infrequent, and almost without exception long way of saying, and maybe I'm wrong, complications can be resolved with the but I think it was a long way of saying patient remaining content and pain free. that you are not going to give opinions 10 Did I read that correctly? regarding your personal complication rates 11 11 in your practice. A. Yes. 12 12 MS. GERSTEL: I'll just state it A. I don't think that's what I said 13 13 was continent, not content. at all. 14 14 MR. DeGREEFF: Continent. MS. GERSTEL: Objection. 15 15 BY MR. DeGREEFF: That's a great point. Content is 16 16 different. Q. Okay. Well, how do you track 17 17 the success and complication rates in your BY MR. DeGREEFF: 18 Q. So, is it your intention to give 18 patients? What's your systematic method? 19 MS. GERSTEL: Object to form. 19

20

21

22

23

18

19

22

23

24

opinions on complication rates with the TVT products in your practice?

21 A. The main thrust of giving opinions on complication rates comes from the enormous data.

In my practice, I have not

24

15

18

21

22

patients.

there's a reminder on the electronic Page 213

A. The patients are not recorded in

My way of tracking complications

a long-term spreadsheet with data.

is making sure they come back. And

Page 212

Page 211 collected the patients and organized them in a systematic trial where I've quantified, reviewed and seen how many come back and systematically recorded their efficacy and safety. It is our routine practice to 6

have them come back at three months, six months, one year and two years, and the patients come back in high frequency. Do I know it's 99 percent? Do I know it's 90 percent? I don't. I know it's a high fraction. I know that the patients are --13 I know that the complication rates are 14 low.

We have a quarterly Pelvic Surgeon Society meeting in Manhattan, and we have an agreement with all the local experts where, maintaining patients' confidentiality, we will let each other know if problems and complications have come in that we're not aware about. So, I don't have an organized statistical study to tell you on my

medical record, if they don't make the appointment, we call them to come back, and we get back well over 90 percent of our surgical patients at a year or two years.

So, I know and I see them at one year and two years and I know if they're having problems. So, if I have a -- my own patients and I have 90 to 95 percent of them back and I have to do one mesh exposure, I feel pretty confident that my mesh exposure rate is doing well. It is not statistically quantified, but it is, by virtue of the surveillance in our office, pretty tightly assured that I'm 16 seeing over 90 percent of my patients 17 back.

Q. So, this is essentially anecdotal. You don't have any spreadsheet or statistical analysis or tracking system with regard to complications with mesh patients that you can point me to or show me?

MS. GERSTEL: Object to form.

Document 8654-6 Filed 08/29/19 Page 56 of 97 PageID #: 208020 Lawrence Lind, M.D. Page 214 Page 216 A. I can point you to the number of ¹ that are lost to follow-up, true? We cases I've done and the number of mesh don't know what their ultimate results erosions that have been revised. I can were? statistically quantify. A. We call all of them back, and we 5 I can quantify, I can search for get almost all of them back. We get over bladder injury and I can quantify that and 90 percent of them back. That I know. give it to you over an N, which would be And most studies of two years don't do the total number. I can quantify better than 90 percent. prolonged catheterization due to voiding Q. What I'm hearing you say, and I 10 dysfunction. think what we agree on, is that you have 11 not done any kind of formal analysis and So, these are all --12 Q. Well, you need a numerator and a you have no tracking system in place with 13 denominator, right? regard to the complications for your 14 A. Mm-hm. patients related to the TVT products. 15 15 Q. How do you track your patients True? that are lost to follow-up? 16 MS. GERSTEL: Object to form. 16 17 A. I would have to see if they --17 A. I would say I haven't done a 18 on the EMR if they showed up. formal analysis. I would say I have a 19 Q. So, all of this you're talking tracking system to insure that I'm 20 capturing my patients. 20 about is not an analysis that you've done 21 21 Q. And that tracking system is just currently. 22 True? you know how many of your patients have 23 23 A. Correct. come back? 24 Q. You don't have any kind of MS. GERSTEL: Object to form. Page 217 Page 215 internal registry tracking your patients A. Right. And then I know -- and I to see what complications they've had know on those patients if they have over, say, a five-year period? problems. 4

7

13

16

17

20

21

22

24

Q. What does the literature say about the average rate of patients that are lost to follow-up?

A. It's quite variable.

Q. How do you track the complication rates in your patients with regard to specific mesh products? 11

A. Well, I use the same mesh products most commonly.

Q. For example, what's your tracking system on the number of TVT-Os that have been implanted and whether they have had complications or not?

A. The system would be the same as I recorded -- as I responded before, is I would have the patients back and see how they're doing.

O. Okay.

A. It's not systematic, but it's systematic that they come back.

How do you track whether the

A. That is correct.

5

7

8

9

10

12

15

16

17

18

19

21

24

The preponderance of my opinion is based on the 4,000 articles on midurethral slings that are published.

Q. That's different.

You being able to opine about literature is different. I'm asking about your personal complication rates.

You have no systematic method in place at your facility for tracking complication rates and those that are lost to follow-up.

True?

MS. GERSTEL: Object to form.

A. I have a systematic method of following up to make sure that over 90 percent of my patients return and I know how they're doing. It is not recorded, collected, and it has not been made into a study with a numerator and a denominator. Q. And you haven't tracked patients

- 1		Lawrence l		10.7 11.2.
		Page 218		Page 220
	1	mesh implanted in your patients is	1	A. 2000.
	2	mechanical or laser cut?	2	Q. Which of the TVT line of slings
	3	MS. GERSTEL: Object to form.	3	have you implanted?
	4	A. I know the products I'm using.	4	A. I have implanted all of them.
	5	Q. For example, if you use TVT-O,	5	Q. So you've implanted the TVT?
	6	how do you know whether you've used a	6	A. Mm-hm.
	7	mechanical-cut or laser-cut TVT-O? How do	7	Q. The TVT-O?
	8	you track that?	8	A. Mm-hm.
	9	A. It's marked on the box.	9	Q. The TVT-Abbrevo?
	10	Q. Yeah. But what's your tracking	10	A. Yes.
	11	system?	11	Q. And the TVT-Exact?
	12	A. I don't care which one it is.	12	A. Yes.
	13	Q. So there isn't one, right?	13	Q. Which of those do you currently
	14	A. It's not a clinically relevant	14	use?
	15	distinction for me.	15	A. I use the TVT-Exact.
	16	Q. My question was a little	16	Q. When did you stop using the TVT?
	17	different than that.	17	A. I was an avid TVT user, and then
	18	My question is there is no	18	I liked the idea of a smaller needle. I
	19	tracking system in place for your patients	19	thought the procedure could be done with a
	20	with regard to whether there's been	20	smaller needle. So I proposed that to
	21	mechanical or laser-cut mesh used.	21	Ethicon. They declined that idea. So I
	22	True?	22	proposed it to Boston Scientific, and they
	23	A. True.	23	made the Advantage Fit. So when the
	24	Q. You implant Ethicon slings as	24	Advantage Fit came out and was a very I
		Page 219		Page 221
	1	part of your practice.	1	thought very similar in every way with a
	2	Right?	2	number of very nice changes that I liked,
	3	A. Yes.	3	I switched to the, staying retropubic, I
	4	Q. How many, let's start with just	4	switched to the Advantage Fit.
	5	slings first, how many slings would you		
	6		5	Q. Okay.
	1 7	say you've implanted since you started	6	And that is a Boston Scientific
	7	using them?	6 7	And that is a Boston Scientific product?
	8	using them? MS. GERSTEL: Object to form.	6 7 8	And that is a Boston Scientific product? A. Correct. And then
	8 9	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range.	6 7 8 9	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that
	8	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh	6 7 8 9	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT?
	8 9 10 11	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right?	6 7 8 9 10 11	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four
	8 9 10 11 12	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes.	6 7 8 9 10 11 12	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later.
	8 9 10 11 12 13	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin	6 7 8 9 10 11 12	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005?
	8 9 10 11 12 13 14	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women?	6 7 8 9 10 11 12 13	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range.
	8 9 10 11 12 13 14	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started	6 7 8 9 10 11 12 13 14	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT
	8 9 10 11 12 13 14 15 16	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started implanting in 2000, but we had been doing	6 7 8 9 10 11 12 13 14 15	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT since 2006?
	8 9 10 11 12 13 14 15 16	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started implanting in 2000, but we had been doing some patch cut slings with suture before.	6 7 8 9 10 11 12 13 14 15 16	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT since 2006? A. I still use the TVT-Exact.
	8 9 10 11 12 13 14 15 16	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started implanting in 2000, but we had been doing some patch cut slings with suture before. So there was some modifications. But in	6 7 8 9 10 11 12 13 14 15 16 17	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT since 2006? A. I still use the TVT-Exact. Q. Right.
	8 9 10 11 12 13 14 15 16 17 18	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started implanting in 2000, but we had been doing some patch cut slings with suture before. So there was some modifications. But in terms of the TVT slings and the slings	6 7 8 9 10 11 12 13 14 15 16 17 18	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT since 2006? A. I still use the TVT-Exact. Q. Right. But you haven't used the TVT,
	8 9 10 11 12 13 14 15 16 17 18 19	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started implanting in 2000, but we had been doing some patch cut slings with suture before. So there was some modifications. But in terms of the TVT slings and the slings the midurethral slings that were created	6 7 8 9 10 11 12 13 14 15 16 17 18 19	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT since 2006? A. I still use the TVT-Exact. Q. Right. But you haven't used the TVT, was my question?
	8 9 10 11 12 13 14 15 16 17 18 19 20 21	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started implanting in 2000, but we had been doing some patch cut slings with suture before. So there was some modifications. But in terms of the TVT slings and the slings—the midurethral slings that were created to be individual units and made for that	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT since 2006? A. I still use the TVT-Exact. Q. Right. But you haven't used the TVT, was my question? A. Correct.
	8 9 10 11 12 13 14 15 16 17 18 19 20 21	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started implanting in 2000, but we had been doing some patch cut slings with suture before. So there was some modifications. But in terms of the TVT slings and the slings the midurethral slings that were created to be individual units and made for that purpose, around that time.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT since 2006? A. I still use the TVT-Exact. Q. Right. But you haven't used the TVT, was my question? A. Correct. Q. And what were the advantages of
	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started implanting in 2000, but we had been doing some patch cut slings with suture before. So there was some modifications. But in terms of the TVT slings and the slings the midurethral slings that were created to be individual units and made for that purpose, around that time. Q. That was in? I didn't catch the	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT since 2006? A. I still use the TVT-Exact. Q. Right. But you haven't used the TVT, was my question? A. Correct. Q. And what were the advantages of the I guess what was better about the
	8 9 10 11 12 13 14 15 16 17 18 19 20 21	using them? MS. GERSTEL: Object to form. A. It's in the 2800 to 3500 range. Q. And we're talking about mesh slings, right? A. Yes. Q. When did you first begin implanting mesh slings in women? A. Well, the TVT we first started implanting in 2000, but we had been doing some patch cut slings with suture before. So there was some modifications. But in terms of the TVT slings and the slings the midurethral slings that were created to be individual units and made for that purpose, around that time.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	And that is a Boston Scientific product? A. Correct. And then Q. And when did you switch to that from the TVT? A. I don't know exact time. Four years later, five years later. Q. So in 2004, 2005? A. 2005, 2006 range. Q. So you have not used the TVT since 2006? A. I still use the TVT-Exact. Q. Right. But you haven't used the TVT, was my question? A. Correct. Q. And what were the advantages of

MS. GERSTEL: Object to form.

versus the Ethicon TVT?

2

3

14

17

18

20

16

17

A. I liked that it had blue sleeves over the introducer, which were easier to see in the bladder if you had a bladder perforation. The other color could get lost in the background of the bladder and be missed.

I liked that the blue tubes allowed you to twist and untwist the sling so when that it's wrapped around the urethra and there are little tiny twists to it, you could align it more perfectly.

And I liked that it was 2.3 millimeters instead of 5. That was a significantly, significantly different smaller needle.

- Q. So, the smaller needle was -what's the advantage of the smaller needle?
- 21 A. It's, you know, it passes through the tissues easier. It makes a smaller puncture in the skin. You need a smaller exit. And it lets you -- again,

Page 224

There are times when you're getting to your final moment when you're

- going to decide is the sling exactly where
- I like it fit, how loose is it, how tight
- is it, how is it lying flat. And there
- are times where one arm doesn't seem to be
- perfectly parallel with the other arm.
- And once you've gone through with the
- product, if it just has a sheathe on it,
- you can't rotate it. You can't straighten 11

those out.

12 So this is just a visual, a visual thing that aesthetically looks like

if you want a sling to lay around, you'd like it to look like that rather than

slightly turned. So those tubes, because

17 they had some memory to them, allowed you

to make those turns and adjustment and

have the mesh visually appear to be

flatter. When you pulled it through the

21 canals they seemed a little bit askew.

22 O. These are the tubes on the 23 Advantage Fit?

24 A. Yes.

Page 223

10

11

Page 225

- the subtleties of the case require you to
- move this needle, thread it between the
- bladder and the pubic bone, and when you
- ⁴ fail, you get a bladder perforation. So
- with the smaller needle, I felt, based on
- the cadaver labs, that you could thread
- that space a little more easily and then
- if you do get a puncture in the bladder,
- you get a 2.3 millimeter puncture instead
- of a 5. So when you take it out, the
- bladder constricts at that point. And I
- felt that I did like that -- you know,
- when you did have a bladder perforation
- inadvertently, I liked that I went through
- 15 with a needle that was half the size.
 - Q. And then what is the -- you said that the Advantage Fit, the Boston Scientific product, allowed for better alignment of the sling versus the TVT?
- 19 20 A. Well, the data and the results I 21
- was having on the TVT and the data I was aware of spoke to the fact that however
- that kit is made to work, it's working
- extremely well.

- Q. Why is it important for the tensioning to be correct on the sling?
- A. Well, because every sling --
- every single sling ends up too loose, just right, or too tight. So you got to use
- the teaching on how to do the procedure
- and to leave it truly tension free to try
- to get the results that the original
- procedure was producing.
- Q. What happens if there's too much tension on a sling?
- A. In the mild case, the patient
- would have a little difficulty voiding, need a catheter for a couple of days. In
- a moderate case, she'll need it for a
- week. And in a more significant case,
- she's not able to regain normal voiding
- function and you have to release the 19 sling.
- 20 Q. And by release it, you mean removal or revision surgery?
- 22 A. Yes. There are some people who describe in the short-term as putting a obturator in the urethra and pulling

- ¹ downward to loosen it. And there's little
- data on that and I don't favor that. But
- yes, I would generally be talking about
- revision surgery if they had retention.
- Q. And these things you liked about the Advantage Fit by Boston Scientific
- were things that you had brought to
- Ethicon and they declined to do?
- A. Only the narrow needle was my 10 idea. The things having to do with the tube were theirs.
- 12 Q. And the needle was important for reducing the extent of surgical complications. 14

Is that kind of the deal?

16 A. Yeah.

15

17

- Q. Which is a patient safety issue?
- 18 A. Yes.
- 19 So, when did you start 0.
- implanting the TVT-O? 20
- 21 A. I started implanting about a year after it was released. 2005, 2006. 22
- 23 Q. Did you implant -- I mean, how many TVT-Os would you say you've

¹ the case you could switch. So it was very

Page 228

- flexible in terms of what you could use it
- for. It was quite a bit of a cost and it
- met many doctors' needs all at once. So
- we trimmed down our product line and gave
- up the TVT-O.
 - Q. And when was that?
 - A. I can't tell you exactly. It
- was -- I don't know exactly.
 - Q. Last five years? Last ten years?
- 12 A. I would say five years ago to six years ago.
- 14 Q. Did you compare the Caldera to the -- the Caldera is a sling. 15

Correct?

- A. Yes.
- 18 Q. And was it the Desara that you
- chose? 20 A. Yes.

11

16

17

13

14

- 21 Q. And is it -- did you, before
- choosing it and eliminating the TVT-O at
- your hospital, did you look into the
- safety and efficacy comparison at all?

Page 227

- implanted? 2
 - A. About 150 to 200.
- 3 Q. At some point, did you stop
- using the TVT-O?
 - A. I did.

5

17

- 6 0. When was that?
- 7 A. We -- we were approached with a
- problem with cost issues where we had
- seven or eight doctors and each one
- wanting three different slings. So the
- hospital had an inventory which they felt
- was impossible, and they said we need you
- to get together with your data, individual
- preferences and options for slings and
- come up with what you want. 15 16

And the Caldera, I had seen the Caldera product line and it was very, very

- favorable in our review. It was favorable
- because of cost. It was favorable because
- it comes with one piece of mesh that can
- ²¹ affix to reusable instruments that let you
- ²² do every sling, inside-out sling,
- ²³ outside-in sling, top-down retropubic,
- bottom-up retropubic, all. At any time in

Page 229 A. We used it in a lab about 20

- times and looked at it in the hand and
- looked at biochemical properties and
- determined it was not the same, but very similar.

At that point when Caldera had come out, we really had data from most of the sling products that they were relatively equivalent in efficacy and

10 safety. 11

In answer to your question, they did not have significant data on it, no.

- Q. When did you start using the TVT-Abbrevo?
- A. You know, when it came out, the concept was appealing and I would alternate between my slings, giving it a
- try. I used it probably 30 or 40 times. I thought it was a very nice sling. I
- thought I was -- with my other obturator 21 slings, I wasn't having groin pain.

22 So, I kind of thought to myself we have some data on Abbrevo. It's clearly not going through all the same

Page 230 Page 232 ¹ tissues. So we have the potential Q. Yeah, that wasn't my question. advantage that it's not going all the way My question is is it fair to say through the muscles, so maybe there will that the TVT-Abbrevo is closer in length be less leg groin pain, but how well is it to the TVT-S mini sling than it is to the anchored. TVT full-length slings? MS. GERSTEL: Objection. We did have some studies to show A. I would actually say no, I relevant equivalency to full-length disagree with that because let me -- I obturator slings, but I felt that from doing obturator slings and not having will say out of the box the answer is yes, groin pain other than from the first week but when you talk about the full-length or two, I felt more secure having a TVT is meant to be very, very long so that 12 full-length sling. So I just decided if you have an obese patient, the mesh can mostly to stay with that. emerge from the abdominal wall which has 14 I do occasionally order it just very variable size. So when you talk for the sake of fellow teaching to show about how much is cut off and how much is 16 the variety of the sling. left in the body, I would suggest that the 17 Q. The TVT-Abbrevo is not a length of the mini TVT or the TVT Secure, 18 full-length sling. which is going to the undersurface of the 19 Correct? pubic bone where it's at a junction with 20 20 the obturator muscle, and the TVT-Abbrevo MS. GERSTEL: Object to the 21 21 is going to perforate the muscle, those form. 22 A. Correct. are, you know, a centimeter apart. 23 23 Q. How long is the TVT-Abbrevo? In terms of the part that's left 24 A. I don't know the exact length. in the patient, I think they're probably Page 231 Page 233 I'd guess at 12 or 15, but I don't know pretty similar. the exact length. Q. When did you start using the 3 Q. I think your report does. I Abbrevo? think it's 12 centimeters, according to 4 Α. 2006. your report. 5 Q. When did you stop? 6 6 A. Yeah, that's what I recall. A. 2010. 7 7 These are approximates. O. Does that sound accurate? 8 8 A. Sounds about right. Q. Yeah, sure. 9 Q. What is the length of a You said you were more 10 full-length TVT sling? 10 comfortable using a full-length sling. 11 11 Why is that? A. I think it's in the 23 to 25. A. To be clear, my vast 12 Somewhere in that range. 12 preponderance of slings are retropubic, Q. And what was the length of the 13 and the reason for that is I started using TVT-S, the mini sling? MS. GERSTEL: Objection. 15 it in 2000. I had 600, 800 cases done A. That, I don't know. That was 16 before any obturator sling came out. I 17 shorter. I didn't use many of those. was thrilled with my results. I went from 18 Q. Fair to say that the TVT-Abbrevo doing a Burch with a full incision with an 19 is closer in length to the TVT-S mini open laparotomy to the TVT sling, which sling than it is to the full-length TVTs? was 15 minutes. I was not hitting the 21 MS. GERSTEL: Objection. 21 bladder 'cause my skills are good. I was 22 A. I'd have to put the numbers on getting extremely low complication rates. paper, but I don't think the size So I had something that the patients comparison is the relevant issue. were -- had very fast recovery. Took me

- ¹ 15 minutes to do. And when the obturator
- came out, I said to myself that's pretty
- cool. That's very interesting. I'm going
- 4 to select my patients to do that when I
- have anatomy that gives me a reason not to
- do the one I like because the one I like
- it would be hard for me in my personal
- experience to improve upon it because 15
- minutes, loving my results and almost

complication free, no reason to change. 11

So, I used my -- mostly did my obturator slings when someone had a

hernia, had a previous hernia repair, they had a previous retropubic surgery like a

Burch or a Marshall-Marchetti, abdominal

¹⁶ wall surgery with mesh, reasons to stay

away from the target zone for the

18 retropubic regular TVT. 19

12

20

21

24

2

3

6 7

9

10

19

20

21

Q. Again, I appreciate that. My question was different though.

My question was your testimony earlier was that you felt more comfortable with a full-length sling.

Why would you prefer a

¹ the Abbrevo. Does it hold as well. So I

Page 236

Page 237

- said the Abbrevo is not going through all
- the anchoring tissues. So, since I'm not
- having groin problems, I'll stay with the
- full-length sling because I don't feel I
- need to move away from a groin pain
 - problem because I wasn't having it.

Q. Okay.

8

12

14

15

16

17

18

19

13

14

20

21

22

Yet the TVT-Abbrevo was brought up by Ethicon in response -- it was supposed to reduce the groin pain associated with the TVT-O and other obturator devices.

True?

A. Yes.

THE WITNESS: I'm going to take a break just for the bathroom, if I may.

(Recess taken.)

20 BY MR. DeGREEFF:

21 Q. When did you begin using the

22 TVT-Exact?

23 A. When it came out, I was using Caldera and I was using the Advantage Fit.

Page 235

full-length sling over a shorter sling?

MS. GERSTEL: Object to form.

A. Well, in the case of the

retropubic -- are we talking obturator or retropubic or just across the board?

Do you want to break it down?

Q. I'm talking about the TVT-Abbrevo.

A. The Abbrevo.

So, I wasn't having any significant groin pain past the immediate perioperative period with the full-length sling. So, since I wasn't having problems with the potential problem with the full-length sling, the only reason to go 16 to Abbrevo is that you're concerned with groin pain or you're having groin pain and you want to see if you can reduce that by having a thread going through instead of a piece of mesh.

So, since I wasn't having the pain that would lead you to Abbrevo, I said to myself I have some studies, but they're very early studies and few about So I mixed it in for teaching purposes. I

liked the idea that I was getting the

Ethicon product back because, you know, it

owned the data. So now we kind of took

the things that Advantage Fit had kind of

changed that I liked. I really liked the slimmer needle for my, again, teaching

situation, residents and fellows. So now

I had the original with a slimmer needle

and with tubes. So that we kind of

brought back the two things. So I started using that a bit more frequently.

Q. And you started that when?

A. Pretty soon after it came out.

I usually -- most things I'm the kind of person that says let my other expert

17 buddies get 50, 70 cases done and make

sure everybody's having a nice time with 19 it and then I join in.

Q. And how many have you put in at this point, do you think?

A. Three hundred.

23 Q. And how many, I never asked you, how many of the original TVT did you put

	Lawrence l	чті	nd, M.D.
	Page 238		Page 240
1	in?	1	and answered.
2	A. That was before there was a	2	A. I am aware that there are
3	competitor. So like ten to like 500 to	3	studies showing that. I don't believe
4	600.	4	that that is the collective data of all
5	Q. The TVT and the TVT-Exact are	5	the meta-analysis, but there are studies
6	placed by retropubic approach.	6	that do show that.
7	Correct?	7	Q. Okay.
8	A. Yes.	8	When you were implanting the
9	Q. And the TVT-O and the TVT-A were	9	TVT-O and the TVT-Abbrevo, did you advise
10	transobturator approach?	10	your patients that there was a potential
11	A. Yes.	11	increased risk with the obturator
12	Q. I think we may have talked about	12	approach?
13	this already, but it's all a blur because	13	MS. GERSTEL: Object to form.
14	it's been four hours.	14	A. I advised them of both
15	The transobturator approach has	15	techniques, and I advised them of
16	a higher re-operation rate.	16	advantages and disadvantages of both. So
17	Correct?	17	I did include the proposed advantages of
18	A. Yes.	18	the TVT-O, and I did tell them the
19	Q. It's understood typically that	19	proposed adverse reactions associated with
20	the slings placed using the transobturator	20	each, because they have a little different
21	approach are less durable than those using	21	profile, each of the slings.
22	the retropubic.	22	Q. What were the differences in
23	True?	23	potential adverse events between the TVT
24	MS. GERSTEL: Object to the	24	and the TVT-O?
	MS. GERSTEL. Object to the		
	Page 239		Page 241
1	form.	1	A Co the TVT has a higher
		-	A. So, the TVT has a higher
2	A. The data's mixed on that. There	2	incidence of organ injury, bladder injury
3		2	_
	A. The data's mixed on that. There	2	incidence of organ injury, bladder injury
3	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability	2	incidence of organ injury, bladder injury and voiding dysfunction.
3	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there	2 3 4	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence
3 4 5	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability	2 3 4 5	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes
3 4 5 6	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I	2 3 4 5 6	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin
3 4 5 6 7	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature.	2 3 4 5 6 7	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as
3 4 5 6 7 8	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the	2 3 4 5 6 7 8	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases
3 4 5 6 7 8	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time?	2 3 4 5 6 7 8	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major
3 4 5 6 7 8 9	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the	2 3 4 5 6 7 8 9	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences.
3 4 5 6 7 8 9 10	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance	2 3 4 5 6 7 8 9 10 11	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those
3 4 5 6 7 8 9 10 11 12	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent	2 3 4 5 6 7 8 9 10 11	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the
3 4 5 6 7 8 9 10 11 12 13	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis	2 3 4 5 6 7 8 9 10 11 12 13	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement?
3 4 5 6 7 8 9 10 11 12 13	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis shows that.	2 3 4 5 6 7 8 9 10 11 12 13	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement? A. It was the anatomic pathway?
3 4 5 6 7 8 9 10 11 12 13 14 15	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis shows that. Q. So the data shows that the	2 3 4 5 6 7 8 9 10 11 12 13 14	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement? A. It was the anatomic pathway? Q. Would the problems associated
3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis shows that. Q. So the data shows that the devices placed via the retropubic approach	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement? A. It was the anatomic pathway? Q. Would the problems associated that you would have told your
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis shows that. Q. So the data shows that the devices placed via the retropubic approach are equally or more durable than those	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement? A. It was the anatomic pathway? Q. Would the problems associated that you would have told your MR. DeGREEFF: Strike that.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis shows that. Q. So the data shows that the devices placed via the retropubic approach are equally or more durable than those placed via the transobturator.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement? A. It was the anatomic pathway? Q. Would the problems associated that you would have told your MR. DeGREEFF: Strike that. Q. Would the differences from an
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis shows that. Q. So the data shows that the devices placed via the retropubic approach are equally or more durable than those placed via the transobturator. Correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement? A. It was the anatomic pathway? Q. Would the problems associated that you would have told your MR. DeGREEFF: Strike that. Q. Would the differences from an adverse event standpoint between the TVT
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis shows that. Q. So the data shows that the devices placed via the retropubic approach are equally or more durable than those placed via the transobturator. Correct? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement? A. It was the anatomic pathway? Q. Would the problems associated that you would have told your MR. DeGREEFF: Strike that. Q. Would the differences from an adverse event standpoint between the TVT and the TVT-Abbrevo have been similar to
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis shows that. Q. So the data shows that the devices placed via the retropubic approach are equally or more durable than those placed via the transobturator. Correct? A. Yes. Q. Are you aware of studies finding	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement? A. It was the anatomic pathway? Q. Would the problems associated that you would have told your MR. DeGREEFF: Strike that. Q. Would the differences from an adverse event standpoint between the TVT and the TVT-Abbrevo have been similar to the ones we just discussed?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. The data's mixed on that. There are RCTUs that show them to have equal efficacy at two and five years, and there are RCTs that show some better durability of the TVT-O over time. That's as I recall the literature. Q. Of the greater durability of the retropubic over time? A. Right. But that's not the dominance of the data. The preponderance of the data shows relatively equivalent rates, and Ford and Cochrane's analysis shows that. Q. So the data shows that the devices placed via the retropubic approach are equally or more durable than those placed via the transobturator. Correct? A. Yes. Q. Are you aware of studies finding the rate of re-operation twice as high	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	incidence of organ injury, bladder injury and voiding dysfunction. The TVT-O has a higher incidence of vaginal sulcus perforation, sometimes called an angle needle introduction, groin pain, I would usually describe to them as typically transient and in rare cases prolonged, and with those being the major differences. Q. Was the major reason for those differences the retropubic versus the transobturator approach for placement? A. It was the anatomic pathway? Q. Would the problems associated that you would have told your MR. DeGREEFF: Strike that. Q. Would the differences from an adverse event standpoint between the TVT and the TVT-Abbrevo have been similar to the ones we just discussed? A. I think they would be similar,

Page 242 Page 244 somewhat lesser chance of having groin but it's rare. 2 pain. Q. And what about dyspareunia, do 3 Q. Do you consent the patients to you advise them of the potential for the implant procedure prior to implanting chronic and ongoing dyspareunia? mesh slings? 5 A. I do. MS. GERSTEL: Object to form. 6 6 Q. Exposure and erosion, what is 7 exposure and erosion? A. Hundred percent. 8 MR. DeGREEFF: What's the A. Well, you could probably ask ten 9 objection? experts and get ten different answers, but 10 MS. GERSTEL: I'm sorry? I would put it this way. 11 11 MR. DeGREEFF: What's the Exposure, literally the 12 12 definition of the word means you can see objection? 13 MS. GERSTEL: You said do you the mesh. So, let's say the wound is open 14 consent patient to the implant somewhere. How it got opened we're not 15 procedure. I'm a little confused by talking about, but you can see the mesh. 16 exactly what you mean by that. In erosion you're also seeing 17 17 But my objection's on the mesh. And I would say the distinction I 18 record. make when you try to think of 19 pathophysiology is that when you do a BY MR. DeGREEFF: 20 20 vaginal procedure, you make a single Q. As part of your consent process, you explain to them the risks and incision through a very thin tissue. As complications that Ethicon mesh slings can opposed to the belly where you go through cause? 23 three or four layers. So it is a 24 dependent position, and you cannot put a A. Yes. Page 243 Page 245 wound dressing on it to support it like 1 Q. What risks and complications do you tell them are associated with the

you do elsewhere. So it is vulnerable to

A wound can open and if a wound

fluid collecting. 4

I'll try to speed this up.

opens and you have a wound failure because your enclosure wasn't good or you had some fluid collection, the wound opens. Then you'll have an exposure. To me that usually looks like the -- the wound looks innocent. It doesn't show signs of inflammation, of an active process. It 13 just looks like a wound that's separated.

14 When I think of erosion, I think of a more active process. The body didn't 16 like the material that was in there or it got infected. There's a reaction going on and the tissue looks much different. It looks inflamed. It looks like it's pushing it out as opposed to the walls of the wounds that opened and the exposure that's just kind of dangling there free. And in an erosion everything there seems

to be more of an active process.

urethra or the bladder. Q. Those are all complications that could be caused by the TVT-O mesh sling. True? A. Yes. Q. When you advise them about pain, do you advise them about the potential for chronic pain? A. I tell them there's a potential,

A. The TVT-O, I tell them you can

can have dyspareunia. You can have groin

have bleeding. You can have pain. You

pain that is usually transient, but can,

in some cases, be longer standing and

there's a chance of voiding dysfunction.

There's a chance of puncture of the

require revision. You could require

10 revision for a failure of the procedure,

11 for the procedure being too tight. I

exposure-slash-erosion. I tell them

inform them of the chance of

Golkow Litigation Services

3

4

15

16

17

18

19

20

21

24

TVT-O?

	Daga 246		Daga 249
	Page 246		Page 248
1	So, I don't think there's a	1	you don't have to go through them all
2	strict scientific or medical definition of	2	again.
3	it. I try to look at it this way, and	3	With regard to the TVT-Exact,
4	that's from the vaginal exposure.	4	how would the when you the
5	In terms of an erosion into the	5	complications that you tell your patients
6	urethra or into the bladder, you know,	6	are caused by the TVT-Exact, how would
7	those are even tougher because, you know,	7	that be different than the TVT-O?
8	in the case I described to you, you can	8	A. I tell them they're very
9	just have a wound that opens. So	9	similar. I say this is an evolution of a
10	hypothetically, on an erosion to an	10	device and this one is a little bit
11	internal organ, the mesh is moving from	11	slimmer. Other than it being slimmer,
12		12	<u> </u>
13	one place to another. It was my strong		it's the exact same procedure. I feel in
	belief that most erosions to internal	13	my hands that it lets me go through the
14	organs were there when the patient left	14	spaces a little more easier, and if there
15	the operating room.	15	is an inadvertent puncture of the bladder,
16	Q. Mesh can lead to mesh erosion.	16	which does happen in a few percentage
17	True?	17	cases, I like the fact that the hole is
18	MS. GERSTEL: Object to form.	18	smaller and it heals spontaneously.
19	A. I would say that I've never seen	19	Q. Other than those differences,
20	a mesh placed in the right place lead to	20	would the complications caused by the
21	erosion if erosion is an active process.	21	TVT-Exact that you consent your patients
22	Q. You can't have mesh erosion or	22	to be the same as what we discussed with
23	mesh exposure without mesh.	23	the TVT-O?
24	Fair?	24	A. Yes.
	1 411 :		71. 1 CS.
	Page 247		Page 249
1	A. Right. Correct.	1	Page 249 Q. And the things we've discussed,
1 2	_	1 2	_
	A. Right. Correct.		Q. And the things we've discussed,
2	A. Right. Correct.Q. And transvaginal mesh can cause	2	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients
2 3	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier.	2	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things
2 3 4	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes.	2 3 4	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients.
2 3 4 5	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation?	2 3 4 5	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right?
2 3 4 5 6 7	 A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. 	2 3 4 5 6 7	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form.
2 3 4 5 6 7 8	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain?	2 3 4 5 6 7 8	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them
2 3 4 5 6 7 8	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can.	2 3 4 5 6 7 8	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse
2 3 4 5 6 7 8 9	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you	2 3 4 5 6 7 8 9	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions
2 3 4 5 6 7 8 9 10	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or	2 3 4 5 6 7 8 9 10	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're
2 3 4 5 6 7 8 9 10 11	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what	2 3 4 5 6 7 8 9 10 11	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of
2 3 4 5 6 7 8 9 10 11 12 13	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O?	2 3 4 5 6 7 8 9 10 11 12 13	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit
2 3 4 5 6 7 8 9 10 11 12 13	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the	2 3 4 5 6 7 8 9 10 11 12 13	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you
2 3 4 5 6 7 8 9 10 11 12 13	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a light a likelihood, but not of less	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you treat women suffering from complications
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a light a likelihood, but not of less	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you treat women suffering from complications
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a light a likelihood, but not of less chance of having groin pain, but not no	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you treat women suffering from complications caused by mesh slings.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a light a likelihood, but not of less chance of having groin pain, but not no chance. Q. But other than groin pain, would	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you treat women suffering from complications caused by mesh slings. Right? A. I do.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a light a likelihood, but not of less chance of having groin pain, but not no chance. Q. But other than groin pain, would the other complications that we talked	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you treat women suffering from complications caused by mesh slings. Right? A. I do. Q. In fact, you're at a tertiary
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a light a likelihood, but not of less chance of having groin pain, but not no chance. Q. But other than groin pain, would the other complications that we talked about being caused by the TVT-O remain the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you treat women suffering from complications caused by mesh slings. Right? A. I do. Q. In fact, you're at a tertiary care hospital.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a light a likelihood, but not of less chance of having groin pain, but not no chance. Q. But other than groin pain, would the other complications that we talked about being caused by the TVT-O remain the same for the TVT-Abbrevo?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you treat women suffering from complications caused by mesh slings. Right? A. I do. Q. In fact, you're at a tertiary care hospital. Right?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Right. Correct. Q. And transvaginal mesh can cause foreign body reaction, right? Like we talked about earlier. A. Yes. Q. And that can cause inflammation? A. Yes, it can. Q. And that can cause chronic pain? A. It can. Q. Are the complications that you tell your patients are associated or caused by the TVT-Abbrevo similar to what you advise them on the TVT-O? A. I explain to them the difference. I explain that they have a light a likelihood, but not of less chance of having groin pain, but not no chance. Q. But other than groin pain, would the other complications that we talked about being caused by the TVT-O remain the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And the things we've discussed, these complications we've discussed with regard to that you consent your patients on for the TVT products, those are things that are not good for the patients. Right? MS. GERSTEL: Object to form. A. Well, when I'm consenting them and telling them a list of adverse reactions, by definition adverse reactions are not good for the patients, but they're a known risk and they're part of risk-benefits of trying to get the benefit of being dry. Q. As part of your practice, you treat women suffering from complications caused by mesh slings. Right? A. I do. Q. In fact, you're at a tertiary care hospital.

Document 8654-6 Filed 08/29/19 Page 65 of 97 PageID #: 208029 Lawrence Lind, M.D. Page 250 Page 252 mesh complications from other places in decrease you're referring to slings or the State of New York. vaginal mesh or both? 3 Q. I'm referring, in that question, Right? 4 A. I am. I was referring to transvaginal mesh, 5 Q. Are there any other states other period. than New York that you receive referrals A. So, then no. I would correct my of women suffering from mesh complications answer. I'm sorry. 8 from? Yes, I think with the removal 9 and direction not to use those products A. 1996 I -- well, before the mesh -- you still had other meshes then, and taken off, it's decreased the access. but, you know, '96 to 2005 I was one of, 11 And I certainly wish they'd do 12 like, five people in the area. So I had that to the machine guns that have been people from multiple, multiple states. So going off in the last couple of weeks. 14 now we've got good trained people in a lot 14 Q. What complications caused by of places, so they come from far less 15 mesh slings do you treat in your practice? often, but I still will get people from A. Retention, obstruction, New Jersey, Pennsylvania, Upstate New exposure-slash-erosion, dyspareunia. I'm 18 York. not seeing a lot of groin pain. 19 Occasionally urethral erosion. Q. Okay. 20 20 There are doctors in referral Q. How about chronic UTI? 21 centers like yours for women suffering A. The chronic UTI is a tough one from mesh complications in states all over when you have to try to attribute it to the United States. mesh when you see patients that have 24 slings in place that have chronic UTI. Correct? Page 251 Page 253 So, if you have something 1 A. There are many now, yes. 2 Q. And how many referrals a year do related to the mesh that explains it, so you receive from women suffering from mesh they're retaining urine and they're not complications? emptying and the natural flow process and 5 A. It's decreased quite a bit over cleansing process isn't working, you know, the last five years. I think over the you say releasing this would probably 7 last five years the people knowing how to help.

16

17

20

21

do them right are doing them more often and people whose techniques perhaps weren't as good are doing them less often.

So I would say right now I get between five and ten a year.

Q. Do you know what mesh products have been pulled off the market in the last five years?

MS. GERSTEL: Object to form.

- A. I might not be able to name them all, but I know a lot of them.
- 19 Q. Do you think that has anything to do with the decrease in the number of 21 women you're seeing with mesh 22 complications? 23
 - A. No.

10

11

12

13

15

16

17

18

24 Pardon me. Referring to

It's sometimes hard when you get a patient who has chronic UTIs and there's no obstruction. They empty well. The cystoscopy's clear. There's no exposure. They're not behaving inflamed or infected. So it's hard. Sometimes we have to make decisions that we don't see something that would make sense that it would be from the sling and you have to judge that.

So when there's an obstruction and retention, makes sense. Obviously when there's a piece of mesh in the bladder, makes sense.

We do have situations where patient comes in and says I have infections, is this from my mesh. And we do our assessment and I don't find

Case 2:12-md-02327 Document 8654-6 Filed 08/29/19 Page 66 of 97 PageID #: 208030 Lawrence Lind, M.D. Page 254 Page 256 something that logically attributes to it, ¹ So not a true exposure, but as and you have to decide what to do with it. uncomfortable. So sometimes we have to Q. Have you seen pieces of mesh in release the side band. I've had to do one the bladder? groin exploration. 5 Q. What do you mean by "groin A. Yes. exploration"? Q. How about inflammation, you treat women suffering from inflammation A. An obturator sling who had 8 from mesh? discomfort by the groin that it was A. Whether the patients come with, persistent. 10 like I said, exposure, erosion, most of Q. Have you done removals or them are quiet exposure. They notice it revisions related to the TVT mesh 12 because either they felt it when they were products? touching themselves or the partner felt 13 A. The retropubic? 14 it. Most of the time mesh exposure is Any of the products in the line. found innocently. They didn't know it was 15 A. Yes. ¹⁶ there. 16 Q. How many? 17 17 A. 20 to 30. When you talk about ¹⁸ inflammation, I would say in a small 18 Q. Mesh slings, generally speaking, fraction of the exposure-slash-erosions how many removal or revision surgeries do 20 they come in and it seems hotter. That's you think you've done? the one I would say where I was speaking 21 A. In total? 22 before I'd say this seems to be more of a O. Yes.

Page 255

23

earlier.

2 I would say hundred to 150.

Q. So, you currently do five to ten

A. I haven't quantified it. It's

five to ten a year now. It was ten a year

Page 257

mesh sling removals per year?

A. Some kind of revision.

Q. What are typically the

indications for revision of the TVT mesh sling products?

A. The number one indication truly is that their doctor saw it and told them that your mesh is exposed, you should have

it taken out. So they come asymptomatic

and worried about their mesh. So we have

a chat about if you're okay and you're

fine and you're not having any symptoms,

you don't have to do anything about it. Half of those patients will say let's get

it out, I don't want it there. And half

will say hey, if I'm feeling great, let's 20 leave it.

21 So, the most common indication is referred from a physician for something they didn't know about 'cause they -- the physician -- their primary care OB-GYN saw

sensitive and inflamed. But that's a

this one's being extruded because it seems

like an active process and they're

minority.

3 Q. But I think the answer is yes, you do treat women that have inflammation

caused by mesh? 6

A. Yes. 7

Q. Do you perform surgery to treat transvaginal mesh complications?

9 Yes. A.

10

12

14

15

16

Q. How about treatment of transvaginal mesh complications caused by mesh slings?

13 MS. GERSTEL: Object to form.

A. Yes.

Q. What kind of surgeries do you perform?

17 A. If they're too tight, I loosen them. If they're in the bladder, we take it out of the bladder and repair the bladder. If it's in the sulcus and it's uncomfortable with vaginal pain, we have 22 to refresh the sulcus and sometimes the -you might be through into the vagina and

sometimes it might be behind the vagina.

Page 258 an exposure. Have you ever seen a patient 2 Q. So the most common is they're with mesh that is roped, curled, frayed, referred for mesh exposure? deformed, folded or wrinkled? A. Yeah. A. I've never witnessed those 5 O. And what other indications lead things. to removal of the TVT mesh slings? Q. Do you agree that those things A. They have pain or dyspareunia or increase the risk of pain for a woman? 8 the partner felt something. A. I don't know that those have Q. And you've revised TVT mesh 9 been assessed in the patient in a study. slings based on all of those indications. 10 These all seem to be things of excised 11 True? mesh and I think the mesh sits differently 12 A. I wouldn't be able to say for in the body when it's excised. So I don't 13 every single one of those indications see it roped and curled and all of that. It takes the shape of the tissue it's in. there was a TVT product. That's -- that's too exact to say that for every one of 15 Q. So you've never seen or never 16 those it was a TVT. treated a patient that had mesh that was 17 17 deformed? You know, they come and 18 sometimes we could have the op report; 18 A. How do you define "deformed"? 19 sometimes we don't. Sometimes we know Q. How do you define "deformed"? 20 You're the doctor. exactly which sling it was; sometimes we 21 don't. We do our best to get operative A. I will say on some prolapse ²² reports. Sometimes we get them; sometimes cases, if you have a piece of mesh that's we can't. Sometimes they've had stuff attached and the attachment released, so ²⁴ done in another country. if the procedure fails, then the -- then Page 259 1 Q. These would all be examples of the mesh will come upon itself and have reasons you've revised mesh slings. some folding. I've seen folding on a mesh 3 True? failure because the attachment points have A. Yes. released, but I don't see curling and 4 5 Q. What percentage of your practice roping and what those things are that are 6 is related to treating transvaginal mesh described. I don't see them. 7 7 complications? Q. You've never seen any of those 8 with regard to mesh slings? MS. GERSTEL: Object to the 9 A. I've seen mesh folded on itself form. 10 Is that all transvaginal mesh? when there was a prolapse failure. So the 11 MR. DeGREEFF: Right. mesh that was attached got released and it 12 MS. GERSTEL: I'll just object came back upon itself and folded. 13 to the extent it's outside the scope 13 Q. I'm talking about mesh slings 14 of this deposition. 14 now. 15 15 A. I'd see about 200 a month. I'll You're never seen a mesh sling 16 see one every other month. One out of 300 that was roped or curled or frayed or 16 17 17 to 400. It's pretty low. anything? 18 18 Q. That's related to transvaginal A. I don't know if you consider 19 mesh complications generally speaking? 19 roping. When a sling is tight and you're 20 A. Yeah. going to release it, when you see that 21 Q. Have you ever treated a patient patient and it's tight and you go and look 22 with mesh that -at -- and you release it, it looks a

MR. DeGREEFF: Strike that.

Q. Have you ever -- well, yeah.

23

24

little narrower. I don't know if that's

roping or curling. It does look a little

Page 260

Page 261

Case 2:12-md-02327 Document 8654-6 Filed 08/29/19 Page 68 of 97 PageID #: 208032 Lawrence Lind, M.D. Page 262 Page 264 Q. It is challenging to remove all ¹ narrower when it -- when it -- when the of the mesh from a woman who's suffering tissue contracts and the sling contracts with it for whatever reason for that complications. ⁴ patient and the small fraction that end up Is that a true statement? too tight and you have to go back, it A. There's some dissections that looks a little slimmer. are more difficult than others, but I O. Well, that's contraction of the don't consider it to be an extremely 8 difficult procedure. mesh. 9 Q. For example, you know that Correct? 10 there's -- with the TVT-O product, you can A. I don't know that it's never safely removal all of the mesh from contracture. The mesh looks smaller. 12 Q. So you're saying when it inside a woman once it's implanted. 13 contracts and it gets under greater Right? tension, it looks thinner? 14 A. I agree. 15 15 A. I don't know if it's an Q. Okay. ¹⁶ inflammatory response that encases it. I A. The problem you're having, and to clarify that disagreement, is that don't know if it's a tissue response. I don't think we have studied that. And to there are surgeons who are taking out mesh and they really only have the training to know what I'm referring to what's take it out from the middle of the vagina happening at that point. It just looks a as far out laterally as they can reach, little slimmer. 22 Q. But you've seen mesh slings that and then there are surgeons who know how have changed shape, that look slimmer. to get behind the pubic bone and get 24 True? what's behind the pubic bone and get Page 263 Page 265 A. When I take out patients that what's wrapping around the descending 1 have obstructions, they look a little pubic ramus. 3 slimmer under the urethra. I've had obturators that were Q. In your experience removing the taken out in totality several times. TVT products, were you able to remove all Q. You had some that you couldn't take out in totality? of the mesh? 7 A. There are times where you decide A. No. that you need to remove all the mesh and Q. Okay. times when you decide you don't need to. A. Now, microscopically, do I know 9 When I decide a patient needs it that there's nothing there, it seemed to 10 to be removed, I have removed all of it. us that there was nothing more there. A Q. You agree that physicians are 12 continuous band of ribbon. often unable to remove all the mesh? 13 Q. Doctor, have you ever been employed by a medical device company? A. It depends on their training. 15 The patient having a revision is best off A. As a consultant, not on a with someone with extensive experience in 16 16 payroll. 17 17 handling this. Q. I understand the consultant. Q. Well, there are times when it's 18 18 I'm saying have you ever been an just not -- when you're just not able to 19 actual employee of a medical device 20 remove all of the mesh. company? 21 21 A. No. True?

22

24

A. I have never had a case where I

couldn't remove the sling in totality when

22

I needed to.

Q. You have been a consultant for a

medical device company.

Correct?

Page 268 Page 266 1 A. Yes. We talked about what's unique 2 O. Which ones? about their trocar delivery flexibility 3 The Laurus Corporation, Boston and what could be added to that to Scientific, Ethicon, Caldera. continue to improve the flexibility 5 O. What about Asera? options for patients. For instance, took 6 A. No. the obturator trocars and said, you know, 7 You've never been a consultant every woman's not the same size. Let's 0. 8 for Asera? make different sizes. So there are some 9 A. When AMS was around, I had a measurements we can use different sizes. 10 10 couple, very few. So very briefly you So we've done a lot of different could add it to the list, American Medical things that are tweaking things. Some 12 12 have been adopted. Some are in the Systems. 13 thought process. Some have been rejected. Asera, no. 14 14 Q. So, were you essentially -- were Q. Okay. 15 A. Do they go by another name? you helping them with product design, or Q. Not that I know of. 16 were you helping them with research and 17 17 development? A. No. 18 When did you start working for 18 I mean, do you know how were you Caldera? I guess start consulting for 19 classified there? 20 20 Caldera? A. It really is research and 21 development. It's trying to decide on new A. About five, six years ago. 22 So 2013, 2014? Something like products and how to alter products to O. 23 23 that? improve them. 24 24 Q. Were you working on sling About that. Α. Page 267 Page 269 What did Caldera have you doing? products? 1 2 Well, as I said, we got involved A. Sling and mesh products for in them first in a non -- I got involved sacral suspension. with them first in a non-consulting way. Q. And what were your -- what did ⁵ I liked their set of mesh kits, their you tell them about the weight of their ability to do everything in one kit, less mesh? You mentioned that as one of the expense and flexibility of the kit. So things you were talking to them about. they're a small company. And I said, you A. I said there seems to be, you know, I like to do design innovation. Can know, across the slings -- across the very we take a look at your products and talk popular area of abdominal sacral about what can be improved. suspensions is a huge broad area of stuff 12 So, if you take a look -- not that's really, really lithe, that I thought was too lithe to things that were that you would take a look to do their history, you'll see that Caldera now has a really stiff, and I thought their mesh 15 blue sheathe covered narrow sling, which handled well and was within the realm of 16 was my original wish back with Gynecare 16 acceptable weight and handling and I liked 17 17 and Boston Scientific. it. 18 18 We -- they wanted to be also MS. GERSTEL: Could I just note 19 19 involved in the abdominal sacral for the record I don't know the extent

20

21

22

23

24

for sacral suspension.

21

suspension market. We talked about the

22 it handled and how it might be marked and

²³ colored and helped them develop the mesh

weight and veracity of their mesh and how

to which any work that Dr. Lind did

with any company is confidential.

the truth. I don't think I'm in a

He's obviously taken on oath to tell

position to direct him not to answer

Page 270 Page 272 1 any of those questions, but I also Q. So, basically 2013 to 2014 to 2 don't know if we might need to seek present you've been consulting for 3 that some of this testimony be kept Caldera? 4 confidential. A. Yes. 5 I just want to say that for the Q. How much are you being paid by 6 Caldera? Is there some sort of a yearly record. I'm just not sure. I just 7 want to state for the record I might consulting rate or something like that? 8 A. It's an hourly rate. Just based need to explore that after this 9 on à la carte services given. deposition. I'm not going to direct 10 him not to answer the question. Q. What is your hourly rate with MR. DeGREEFF: I mean, if you 11 11 them? 12 12 want to move to have it sealed or A. Four hundred an hour. 13 something, we may agree to that. I Q. How many hours a year since 2013 14 just don't know what it is. If or 2014 do you think you've spent working 15 there's some reason for that, then with Caldera? 16 A. It varies. You know, if we're yeah, we can talk about it. 17 MS. GERSTEL: All right. in the middle of a product that they've 18 BY MR. DeGREEFF: bought into, it could be 50 hours in a 19 19 Q. So, what were the improvements vear. 20 20 that you suggested to slings? Last year was only seven or 21 A. For Caldera? eight hours. So it varies quite a bit. 22 Q. Yeah. I mean, you told me that Q. Are you aware of multiple years you were looking at ways to improve, kind working for them where you made more than of, the slings that were currently on the \$20,000? Page 271 Page 273 A. Maybe two. market. 2 Q. How far do you think you've been What were some of your suggested 3 improvements? paid by Caldera since you started working for them? A. Well, the ones that are already out there are ideas that I am holding A. Fifty. 50,000. confidential. They haven't been put out 6 Q. You use Caldera slings. there vet. Right? 8 8 They adopted some things that A. I do. were already there with other slings which Q. Is the Desara your sling of was the narrow trocar and a colored 10 choice? 11 sheathe that could be identified. So MS. GERSTEL: Object to form. those aren't hidden or protected ideas. A. It's the one I use most 13 They're -- there are some ideas on the 13 commonly. table about how to, one, make the sling Q. What percentage of the time do 15 passage more comfortable in the 15 you use the Desara? postoperative setting for pain; and two, 16 A. 75 percent. 17 17 to identify an inadvertent pass in the Q. What percentage of the time do 18 bladder that you might miss. you use one of the Ethicon TVT slings? 19 Q. Anything about the mesh material 19 Ten percent. 20 And what are the other products 20 itself? 21 21 you use? The other sling products you A. No. 22 Q. Are you still consulting for 22 use? 23 Caldera? A. I use Boston Scientific, Caldera 24 A. Yes. and the Exact.

е	2:1	L2-md-02327 Document 8654-6 Filed 08 Lawrence	/ <mark>29</mark>	/19 Page 71 of 97 PageID #: 208035
		Page 274		Page 276
	1	Q. So, you would use the BSC you	1	stress and it probably shows different
	2	use, is that the Advantage Fit?	2	properties. I don't remember what it
	3	A. Yes.	3	shows.
	4	Q. What are the differences between	4	It behaves the same in the
	5	the Desara and the TVT slings?	5	patient for me.
	6	A. Well, the meshes are different.	6	Q. Are you aware that Caldera makes
	7	The shape of the trocars are similar. The	7	the claim that their product, their TVT
	8	pathways are similar. The Caldera is	8	product is that the Desara is more
	9	reusable trocars and comes with the	9	resistant to deformation than the TVT
	10	ability to change direction, size and	10	products?
	11	shape of your trocars. The Caldera for	11	A. I wasn't aware of that.
	12	the obturator has inside-out and	12	Q. So you don't have any idea what
	13	outside-in.	13	that claim is based on?
	14	Those are the major those are	14	A. I do not.
	15	the differences I can think of.	15	Q. Do you have any reason to
	16	Q. How are the meshes different	16	disagree with Caldera?
	17	between the TVT slings and the Caldera?	17	A. I would just ask them to show me
	18	A. Well, the present mesh I like to	18	what it's based on.
	19	use for Ethicon is the TVT-Exact. So it's	19	Q. Do you disagree with them or no?
	20	laser-cut and the Caldera is	20	A. I don't have the knowledge to
	21	mechanically-cut.	21	agree or disagree.
	22	Q. Any other differences?	22	Q. So, you use the Desara because
	23	A. I'm sure there's a chart I've	23	it's
	24	seen where their porosity and pore size	24	MR. DeGREEFF: Strike that.
		Page 275		Page 277
	1	1 1'00 0 1 1	1 1	0 0 1 D '

Page	275

- have some other differences. So they do, you know, on a -- on a chart of mechanical properties they differ.
- Q. The Desara is larger pore mesh than the TVT-Exact.

6 True?

11

21

- 7 A. I think we had that one before, and I thought we had -- I thought that was the other way around, but I could be 10 mistaken.
- Q. Is the Desara more resistant to 12 deformation than the TVT sling products?
- 13 A. I'm not aware of that being studied officially or by myself. I don't 15 notice a difference clinically.
- 16 So you're not aware of 17 literature that says it is?
- 18 A. I don't know if one of the 19 mechanical studies that pulled on each thing described it in a certain way.

I do remember in that same

article that has the chart that says the pore sizes and the weight, I think it also discussed what happened to them under

- Q. So the Desara is a mechanical-cut mesh.
- Is that correct?
- 4 Yes. A.

5

6

12

13

16

17

21

- The TVT-Exact is laser-cut.
- True?
- 7 Α. Yes.
 - The TVT-Abbrevo is laser-cut?
 - Yes. Α.
- 10 And the TVT-O has both laser-cut and mechanical-cut options.
 - Right?
 - A. Yes.
- 14 You said you worked for Boston Scientific as a consultant.
 - Is that true?
 - Yes. A.
 - When did you start working for
- 19 Boston Scientific as a consultant?
- 20 That was a ways back.
 - So, they sold the device that I
- helped make was sold in 1996 or '97. So
- 1998 they asked me to come on since I had helped to make the device together, and we

- ¹ started -- I started doing that study
- about the using that device to make first
- it was in a scientific role doing studies,
- 4 the two studies for the sacrospinous
- suspension and for the mini incisional
- Burch procedure. And as that relationship
- grew, we started talking about, you know,
- how they could improve their pelvic floor

products.

- 10 I had gone to Ethicon, as the theme continues, I had gone to Ethicon 11
- 12 about making the needle smaller and they
- didn't want to. So we made the Advantage
- 14 Fit together.
- 15 Q. Okay. And, so, that would have 16 been like 1996 that you started consulting 17 with BSC?
- 18 A. '96 or '97 is when they sold the device. So my consulting would have
- started in like '98. Somewhere in that 21 range.
- 22 Q. Okay. So you were not
- consulting with them before they sold the
- device?

2

3

5

11

19

21

22

8

14

18

10

11

12

13

14

15

19

20

development. They asked for my opinion on

Page 280

Page 281

- some of the vaginal mesh products when
- they started making those.
- Q. So it sounds like they were
- asking you for input on just kind of the
- use of the device as well as some R&D aspect.

Is that fair?

- 9 A. Product development and 10 teaching.
- 11 Q. And you currently use the BSC 12 Advantage. 13

Right?

- A. To a small degree.
- 15 Q. And were you being paid by BSC as a consultant for that 17-year span, I'm 17 assuming?
 - A. Yes.
- 19 Q. How much do you think you were paid in that 17 years by BSC?
- 21 A. That wasn't high volume per
- 22 year. I mean, ten a year, approximate.
- 23 Ten thousand a year? 24
 - Ten thousand a year if I was

Page 279

- 1 A. Correct.
 - Q. So 1998 until when did you stop consulting with BSC?
- 4 A. Four years ago.
 - Q. So 2015-ish? Is that correct?
- 6 A. Yeah, around that time.
- 7 It's all approximates.
- 8 Q. It sounds like were you doing 9 R&D type work for them, or was there some
- 10 other aspect of it?
 - A. I was teaching in labs trying to
- teach people good -- the best technique, or at least my best technique for placing
- slings and doing the sacrospinous
- 15 suspension. So a lot of lab work
- 16 teaching. 17
 - I was working on R&D for the slim sling. Wasn't that extensive. We were just making the needle narrow and putting the tube on it. You know, as far as a change, it's a significant change in
- a product. 23 They asked for my opinion on
- some of the -- I was involved in the

involved in a project. Maybe it was 20 on

- a year where we were more involved in
- focusing on something.
- Q. So, over 15 years, maybe 150 to 200,000?
- 6 A. 15 years, yeah, somewhere in that range.
 - Q. What are the differences between the BSC Advantage sling and the TVT products?

MS. GERSTEL: Objection; asked and answered, I think.

THE WITNESS: Yeah, it was? I'll answer it.

A. So, the Boston Sci slings are all laser-cut. The central portion of the sling is also heat-treated potentially to make it a little more robust in that area. So it is stiffer for sure.

Other than that, the TVT-Exact and the TVT have a very similar shape, a very similar angle. You know, when I was consulting with Boston Sci, we were basically making a TVT that was skinnier.

Page 282 Page 284 ¹ So the shape was similar. The arc of the things and I said this one may be a tough needle is similar. You know, the porosity one, and they ended up closing that case of the mesh is slightly different. before I ever lent the opinion. I can't tell you what it is, but So, there are discussions it's all within the type one mesh sometimes where I tell them that, you characteristics. know, this case looks a little difficult. 7 MS. GERSTEL: I'll just state Those are the major differences. 8 8 Q. You said you did some consulting not to reveal any discussions with 9 9 for AMS. counsel. 10 10 Is that right? THE WITNESS: Right. A. Very little. 11 11 BY MR. DeGREEFF: 12 Q. When did you start that? 12 Q. So they settled that case before 13 A. It was in the vaginal mesh era. you had to say no, basically? They asked me to come up and do one or two A. I didn't say that I said no. I labs to see what I thought of their was evaluating it, but they settled the vaginal mesh. It was a one or two gig case before I got deeper. 17 thing. 17 Q. So the answer is no, you've 18 Q. What did they pay you for doing never told them no on any case they've 19 asked you to be an expert witness on? those labs? 20 20 A. At this point, no. A. I think 3500. 21 21 Q. In all the case-specific reports O. Total or each? 22 A. Each one. you've done for Ethicon, you've ultimately 23 concluded that the product, i.e. the mesh That includes a trip to Minnesota in the winter. So you could say manufactured by Ethicon, was not the cause Page 283 Page 285 of the plaintiff's complications. I paid them. 2 Q. So roughly seven grand total True? 3 with them? MS. GERSTEL: Object to form. 4 A. Yeah. A. Yes. 5 Q. Have you done anything with them O. Have you ever given the opinion that one of Ethicon's mesh products caused 6 since then? 7 a woman's pain or other complications? A. No. 8 Q. How many -- since you've been A. Well, the product used by a acting as an expert witness for Ethicon, I surgeon and the use of the product not believe you said you've given your general being used correctly is different than the opinion and then there's been four or five product itself causing the damage. So I 12 case-specifics. never have thought that the product itself 13 True? 13 caused the damage. 14 14 A. Yes. Q. But you've blamed the doctor in 15 Q. Have you ever told Ethicon no some of them, in some of your -when they came to you and asked you to 16 A. I didn't blame the doctor. I give an opinion on a specific -- in favor 17 assessed the materials and assessed that of a specific case? 18 the technique issues were problematic. A. Of a case? 19 19 Q. So you blamed the doctor 20 I think we had one where, you ultimately and said that it was the know, the materials were sent and then 21 21 doctor's fault? 22 they said look at the other ones first MS. GERSTEL: Object to form. 23 because we're working on this. I glanced at the case and looked at some of the key BY MR. DeGREEFF:

Page 288 Page 286 1 O. True? A. Approximately that. 2 Sometimes it was a technique Q. You consulted with them until problem. Sometimes it was a concomitant roughly 2012. procedure and it may not be the doctor's Right? fault. If you do a posterior repair, you A. Well, I think there was -- in can have dyspareunia and it doesn't mean 2012, I think that might have been the -the doctor was faulty. there was a big gap. So yes, from a time 8 It's a known complication of frame, you go to 2012. But I think if other gynecologic procedures that happen you've got the records from when I worked concurrently with the mesh procedure. So for them, there was a pretty big gap. I it's not necessarily that I'm blaming the was not doing a lot of Gynecare work for a 12 few years and then they asked me and asked doctor. 13 me if I would come take a look -- I think Q. Have you ever given the opinion that any mesh product caused a woman's there's one data point that's making that 15 look extended. So it may be five to eight injury? 16 A. I've never given the opinion years and not twelve years just because I 17 that a mesh product separate from the think that 2012 is an outlier. But you'd 18 procedure caused an injury. have to look at -- I know you have the 19 Q. You've given the opinion that records of everything that I've done. So the procedure was somehow done wrong and we'd have to look more closely at it. 21 Q. So we're looking at eight to that was the cause? 22 MS. GERSTEL: Object to form. eleven years where you were either a 23 A. If there's a problem with a consultant or an expert for Ethicon in the ²⁴ last 17. procedure when you're using mesh, it can Page 287 Page 289 lead to complications. It wouldn't happen Right? 2 if the procedure was done right. A. Sounds about right. 3 The mesh characteristics I don't Q. And you've been using their product since 2000? think would have harmed the woman. 5 Q. Do you have any understanding A. Yes. why you were chosen as an expert witness 6 MR. DeGREEFF: We can take a 7 for Ethicon in this litigation? break. 8 8 A. I've got a good reputation in (Recess taken.) the field for 23 years. I do good BY MR. DeGREEFF: 10 clinical work. I publish. I'm easy to 10 Q. Sir, do you remember doing any 11 get along with. work for Astellas? 12 Q. And you've been an Ethicon 12 A. Yes. 13 consultant or expert witness for 17 years Q. And what was that? now. 14 A. A pharmaceutical company made a 15 15 drug for the overactive bladder. Is that right? Q. Do you do some consulting for 16 A. Well, the expert witness now is 16 17 for about three, three-and-a-half years. them, it looks like? And the Ethicon consulting was from, I 18 A. Yes. would have to look back at the transcript. 19 Q. And when did you do that? 20 It was probably five to ten years. A. I don't know the exact years. 21 They're not continuous, but --It would probably be like three years ago 22 Q. Well, you started in 2002 as a 22 to six years ago, so. consultant for them. 23 Q. 2013 to 2016? 24 24 Right? Yeah.

	Lawrence .		.ia, n.b.
	Page 290		Page 292
1	Q. Do you have any idea how much	1	time I had to contact them to make it
2	you were paid by them?	2	corrected.
3	A. Maybe 5,000 a year.	3	Q. Well, in 2014, do you remember
4	Q. So maybe 15 total?	4	being paid \$25,000 by Caldera?
5	A. Yeah.	5	A. I don't remember the yearly
6	Q. I want to discuss, you told me	6	number.
7	earlier you were paid about 50,000 by	7	Q. Does that sound inaccurate to
8	Caldera.	8	you?
9	Do you remember that?	9	A. There was a year or two where I
10	A. Yes.	10	was doing a lot of work.
11	Q. I want to talk to you about	11	Q. In 2015 do you remember being
12	that.	12	paid \$25,000 again by Caldera?
13	Do you remember being paid \$6500	13	A. I don't remember the number, but
14	by Caldera in 2013?	14	it's plausible. As I said, there were a
15	A. I wouldn't be able to recall the	15	couple of years where it was heavy.
16	yearly in this meeting.	16	Q. In 2016, do you recall being
17	Q. Do you know what the open	17	paid \$18,600 by Caldera?
18	payments data is on the CMS website?	18	A. It's certainly possible.
19	A. I assume it's a public record of	19	Q. In 2017, do you recall being
20	what I've been paid for various	20	paid \$8,000 by Caldera?
21	activities.	21	A. That sounds familiar.
22	Q. Right.	22	Q. So, I get more like \$80,000 paid
23	If Caldera reported that they	23	to you by Caldera.
24	paid you \$6,500 in 2013, would you	24	Does that sound accurate to you?
	F J +	1	
	D 201		D 202
	Page 291		Page 293
1	disagree with that?	1	A. It sounds like the records you
2	disagree with that? A. I would have to check my	2	A. It sounds like the records you have show that.
3	disagree with that? A. I would have to check my records. I don't know that those records	3	A. It sounds like the records you have show that.Q. Do you disagree with that? Does
2	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online	2 3 4	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line?
2 3 4 5	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid	2 3 4 5	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus
2 3 4 5 6	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong.	2 3 4 5 6	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20.
2 3 4 5 6 7	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are	2 3 4 5 6 7	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting
2 3 4 5 6 7 8	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges	2 3 4 5 6 7 8	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them.
2 3 4 5 6 7 8	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I	2 3 4 5 6 7 8	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous.
2 3 4 5 6 7 8 9	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from	2 3 4 5 6 7 8 9	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to
2 3 4 5 6 7 8 9 10	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do.	2 3 4 5 6 7 8 9 10	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as
2 3 4 5 6 7 8 9 10 11	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for	2 3 4 5 6 7 8 9 10 11	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10.
2 3 4 5 6 7 8 9 10 11 12 13	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for	2 3 4 5 6 7 8 9 10 11 12 13	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting
2 3 4 5 6 7 8 9 10 11 12 13 14	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of	2 3 4 5 6 7 8 9 10 11 12 13	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002
2 3 4 5 6 7 8 9 10 11 12 13 14 15	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of these pharmaceutical companies?	2 3 4 5 6 7 8 9 10 11 12 13 14	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002 between Lawrence Lind, M.D. and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of these pharmaceutical companies? MS. GERSTEL: Object to form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates No.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of these pharmaceutical companies? MS. GERSTEL: Object to form. A. Well, I don't know we're you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates No. ETH.MESH.16009738 to 16009743, was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of these pharmaceutical companies? MS. GERSTEL: Object to form. A. Well, I don't know we're you know, we're guessing at a lot of	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates No. ETH.MESH.16009738 to 16009743, was marked for identification, as of this
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of these pharmaceutical companies? MS. GERSTEL: Object to form. A. Well, I don't know we're you know, we're guessing at a lot of activities with a lot of companies across	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates No. ETH.MESH.16009738 to 16009743, was marked for identification, as of this date.)
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of these pharmaceutical companies? MS. GERSTEL: Object to form. A. Well, I don't know we're you know, we're guessing at a lot of activities with a lot of companies across 20 years. It seems like the I don't	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates No. ETH.MESH.16009738 to 16009743, was marked for identification, as of this date.) BY MR. DeGREEFF:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of these pharmaceutical companies? MS. GERSTEL: Object to form. A. Well, I don't know we're you know, we're guessing at a lot of activities with a lot of companies across 20 years. It seems like the I don't know how on target they would be.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates No. ETH.MESH.16009738 to 16009743, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Sir, does this appear to be a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of these pharmaceutical companies? MS. GERSTEL: Object to form. A. Well, I don't know we're you know, we're guessing at a lot of activities with a lot of companies across 20 years. It seems like the I don't know how on target they would be. I do know the online stuff, I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates No. ETH.MESH.16009738 to 16009743, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Sir, does this appear to be a consulting agreement between you and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	disagree with that? A. I would have to check my records. I don't know that those records are I do know that some of the online records of what I've been allegedly paid were wrong. So, I would say that we are discussing consulting years ago, ranges and payments, and I would suggest that I come up with the actual payments from payroll would be something I'd like to do. Q. So you want to go chase down for me all of your accounting records for everything you've received from all of these pharmaceutical companies? MS. GERSTEL: Object to form. A. Well, I don't know we're you know, we're guessing at a lot of activities with a lot of companies across 20 years. It seems like the I don't know how on target they would be.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. It sounds like the records you have show that. Q. Do you disagree with that? Does that sound out of line? A. It may be right. It may be plus or minus 20. I will go to their accounting and ask them. It doesn't sound erroneous. MR. DeGREEFF: Sir, I'm going to hand you what I'm going to mark as Deposition Exhibit 10. (Lind Exhibit 10, Consulting Agreement dated as of January 3, 2002 between Lawrence Lind, M.D. and Ethicon, Inc., Bates No. ETH.MESH.16009738 to 16009743, was marked for identification, as of this date.) BY MR. DeGREEFF: Q. Sir, does this appear to be a

Page 294 Page 296 1 What is the date of that? that one day. O. 2 2002. So, there were not -- there 3 Q. January 3rd of 2002? aren't records, I don't have a spreadsheet 4 Yep. or a record of the hours worked. 5 Q. Does that sound familiar as 5 Q. Okay. about the time you started working for I don't see that I ever asked Ethicon as a consultant? you that, but how much do you think you 8 were paid by Ethicon as a consultant? Not A. It's about where I thought it as a expert witness, but as a consultant? 9 was. 10 10 A. I don't know. It started a long And it looks clearly it's a time ago. Spanned a long period. There 11 document that's real. 12 Q. If you look at under Section 1 were periods with big gaps where I didn't "Consultant," my only question is with do much at all, and there were periods that paragraph is there's a spot in it where I did a lot. that says: Keep records of hours worked 15 So I really cannot conjure a and cost of materials used. 16 guess. I don't know if it's 20,000 or a 17 Was that something that you hundred thousand. I really don't know. 18 would have done? 18 Q. And who would know that answer, 19 A. You know, the consulting for if not you? them was not at home working on documents. A. I don't know if Ethicon has the They would call me to do a lab. It was a records or if their accounting goes back half-day lab. They'd pay \$3,000 and it that far. 23 was a one-at-a-time thing. Q. So, if you look at page 3 of 24 So, there really wasn't any this agreement, the term of the agreement Page 297 Page 295 ¹ recordkeeping. You'd go. You'd submit commenced on January 3rd of 2002 and seems one at a time. It wasn't a kind of like a to have terminated on February 28th of cumulative work that was being added that 2002. 4 vou recorded. Do you have any idea why it was 5 So, I would say I kept records, so short? but it was one at a time, and once you did A. You know, I'd have to read the it, I didn't keep track after that. whole agreement. 8 Q. So I guess my question is are As I recall, there was a time there any records in existence that would where anyone -- the contracts they had had have a detail of the hours worked under things that said you couldn't work with anyone else. So, I said well, you know, I this consulting agreement? 12 A. I don't have it, and I don't have ideas I'm working on and you're know if Ethicon would have it. rejecting them. So, I don't know if that's why. Q. Would that have been something 15 you would have submitted to Ethicon? So this may have been made 16 A. As I said, it was a because I didn't agree to some of the terms of their long-term agreement, but 17 one-day-at-a-time type of working agreement. So even though it's they wanted me to come for this one instructing to keep hours, I think that's 19 session, so we made a short-term contract. 20 requesting to kind of keep the accounting So it does seem odd. in order. The way I worked, it was just 21 Q. I think the situation you're ²² a, you know, once every few weeks or few 22 talking about was in 2010. 23 months they asked me to come to do 23 And maybe if you turn to page 4

something and I went and I submitted for

of Exhibit 10, that will kind of clarify

Page 298 Page 300 1 ¹ it for you. If you look at 6 and 7, you what I've marked as Deposition 2 paragraph 6 and 7. Exhibit 11. 3 A. Yeah, it looks like it's an (Lind Exhibit 11, Clinical Study 4 Agreement between Gynecare and North invitation to go to one session, abdominal guides training session. 5 Shore University Hospital, Bates No. Q. That's what I was going to ask. 6 ETH.MESH.00412092 to 00412098, was 7 So, it looks like they were marked for identification, as of this 8 paying you \$3,000 for coming to a date.) abdominal guides training session? 9 BY MR. DeGREEFF: 10 A. Right. 10 Q. Can you tell me what that is? 11 11 A. Clinical study agreement. Q. Did you get that \$3,000 just to 12 12 show up, or did you have to teach? Q. And the term of that agreement 13 A. I was definitely teaching is April 4th, 2002 through the end of abdominal guides. They weren't -- I would June, through June 30th of 2004. be one of the people teaching it, not 15 Correct? 16 16 learning how to do it. A. Right. 17 17 This was between Gynecare, which Q. How long was that training 18 session? is a division of Ethicon, correct? 19 A. Yes. A. They usually were a half-day to six hours. Four to six hours. 20 20 Q. And your institution with you 21 Q. Where did those take place? and Dr. Garely designated as the, looks They were in a number of 22 like, the primary people in charge of 23 this? locations. It was various places that had access to cadavers. So I don't know where A. Investigators. Page 299 Page 301 ¹ it took place, but the closest it would be 1 Q. Is that correct? in 2000 -- it wasn't on Long Island until Who is Dr. Alan Garely? Do you ³ later in our agreements because we didn't know him? have cadaver labs. So it would either be A. He was a previous partner in my Manhattan, New Jersey. practice, and he now practices in 6 Q. Somewhere in the New York Manhattan and south shore of Long Island. 7 Q. Do you know him personally? metropolitan area? 8 A. Yeah. I wasn't flying for this. A. You know, I mean, we were 9 Q. And they were essentially paying partners for three years. So I did know 10 you \$3,000 for a half-day participation? him personally. We don't socialize at 11 11 A. Well, as I said, it would be present. four to six hours, plus the transportation 12 Q. Is he a good doctor? and time. So, you know, door to door, it 13 A. He's a good surgeon. I don't would certainly be more than eight hours. think -- again, I haven't seen him take 15 Q. Did they pay you for your care of patients in 15 years. transportation and hourly rate also? 16 Q. I mean, do you have any 16 17 A. They paid the amount and then 17 criticisms of him as a physician? 18 18 just incurred costs for transition. It MS. GERSTEL: Object to form. 19 wasn't an hourly rate on top of that. 19 A. He could get upset with someone, 20 Q. So \$3,000 for roughly eight and then it wasn't a good scene. 21 21 Q. Okay. That's not really him as hours. 22 22 a surgeon. It sounds like maybe you --Is that right? 23 23 A. I haven't seen him in a A. Yeah. 24 practicing situation for 15 years. So I MR. DeGREEFF: I'm going to hand

Page 302 Page 304 really don't think I can say anything. Q. If you look at paragraph 1 where 2 Q. Okay. it says: Performance of study. So, Dr. Garely was one of the 3 As the principal investigator, you were to perform the study in investigators hired by Ethicon to do this clinical study agreement with you -accordance with the protocol. A. Yes. Right? 7 Q. I mean to do this clinical study A. Right. 8 Q. Who determined the protocol? 8 with you. A. I would have to look at the 9 Do you know when was the last 10 time you spoke to Dr. Garely? protocol to comment on that. But I would 11 A. A couple months ago. say that any study I enrolled in, I would 12 Q. Do you know whether he currently have to believe that it was a protocol 13 uses the TVT-O, TVT or TVT-Abbrevo? that I agreed with. So there can be 14 suggestions from a company as to what they A. I don't. 15 might want to happen, but I would never Q. Have you ever been provided with 16 any of the testimony or documentation of have a -- subject my patients to any 17 what he told Ethicon about those devices? protocol that I didn't specifically take 18 A. I think I saw one of his mesh 18 responsibility for if I was a principal 19 investigator. reports. I don't think I saw a sling 20 20 report. Q. Well, Ethicon determined the 21 protocol that was used. Q. So, as you sit here, do you have 22 any idea what he told Ethicon about the Right? 23 TVT-O, TVT-E and TVT-Abbrevo? A. I am ultimately responsible for 24 the protocol that gets submitted to the A. I don't. Page 305 Page 303 1 Q. Is it your understanding that 1 IRB. 2 Dr. Garely is now a plaintiff's expert in O. I understand. 3 the transvaginal mesh litigation? A. How much of the protocol was A. I do understand that. created by them and edited by me or 4 5 Q. And you reviewed his report? created totally by me I don't think we can 6 A. I reviewed his mesh report. answer at this meeting. 7 Q. When you say "his mesh report," Q. If you look at paragraph 3 are you talking about with regard to the "Financial Consideration and Payment 9 Prolift? Schedule." 10 10 A. Yes. You see where I'm at? 11 11 Q. So, this is a former consultant, A. Mm-hm. or I guess someone who is a former Q. It says: The total price for investigator on a study done by Ethicon the conduct and the completion of study as who's now providing testimony for the well as the payment schedule is outlined 15 women injured by Ethicon devices. 15 in Schedule B. 16 16 Is that right? Did I read that correctly? 17 17 MS. GERSTEL: Object to form. A. Yep. 18 A. Looks like he was a previous 18 Q. Look at Schedule B, if you would. It's on page 6. 19 participant in this study and he is now a 19 20 20 plaintiff's expert, as you described. Are you there? 21 Q. Well, plaintiff meaning the 21 A. Yes. 22 women who are claiming injuries. 22 Q. It appears that the total 23 payment being made by Ethicon is \$11,000. True? 24 24 A. Yes. Is that correct?

Case 2:12-md-02327 Document 8654-6 Filed 08/29/19 Page 79 of 97 PageID #: 208043 Lawrence Lind, M.D. Page 306 Page 308 1 A. That's the planned -- that's the between Gynecare and Lawrence Lind, 2 MD, Bates No. ETH.MESH.09464276 to budget for the -- for the study. Right. 3 How much was actually paid with 09464279, was marked for how many subjects, we don't know. This is identification, as of this date.) the schedule of payments ahead of time of BY MR. DeGREEFF: what would be paid. Each line item would Q. Can you tell me what that is? have to be carried out to be paid that. A. It's a privacy agreement to discuss intellectual property. It's not paid in advance, so. Q. Okay. That's the projected Q. It's actually better than that. \$11,000 for the payment for the study? 10 10 It's called a Secrecy Agreement. 11 A. Right. 11 Right? 12 Q. And this was between 2002 and 12 A. That's how they titled it. 13 2004 that you were conducting this study? 13 Q. And that's between you and 14 A. Yes. 14 Gynecare. 15 Q. So, the title of the study is "A 15 Correct? 16 clinical assessment of patients undergoing A. Right. Gynecare TVT with abdominal guides for the 17 Q. And Gynecare is a part of treatment of stress urinary incontinence." 18 Ethicon? 19 19 Correct? A. Yes. 20 20 Q. I want to ask you a couple of A. Right. 21 Q. And what was the ultimate goal questions. First is in paragraph 1 on the of the study? front page. 23 23 A. You know, they had a retropubic You see where I'm at? sling, the standard TVT that went from 24 A. Yep.

Page 307

there were a -- from the urology teachings 4 5 10 11

18

19

Page 309

Q. It states that it's to determine whether to enter into a mutually attractive business arrangement. Did I read that correctly? A. I see it. Q. What does that mean? What was the mutually attractive business arrangement that you were trying to decide whether to enter into with Ethicon? MS. GERSTEL: Object to form. A. This is 2004. So this may have been when I wanted to propose to them the slim modification of the TVT. So I was disclosing some personal information that I didn't have intellectual property on, but I had drawings. I had writings. I had sealed documentation that I had come up with this idea.

So, I don't know for sure, but I think that this is a scenario to sit down and talk about an idea that I had. And, you know, usually in this situation, if a company likes your idea, then they purchase it from you and there's a

Deposition Exhibit 12. 23 (Lind Exhibit 12, Secrecy 24 Agreement dated January 19, 2004

hand you what's been marked as

bottom up, from the vagina upward, and

of slings of long ago, there's a different

⁴ way of passing a sling that started from

favor. So the -- it was a design of an

to their product line and to give those

opportunity to go from the top down.

was to look at efficacy of safety of a

Q. And what was the result?

A. I don't think it got off the

ground and got enough numbers for

enrollment, because I don't think I ever

MR. DeGREEFF: Sir, I'm going to

than the bottom up.

saw a publication from it.

10

11

15

16

17

18

19

20

21

22

the top down, which a lot of urologists

instrument by Gynecare to try to add that

who felt that that was a safer passage the

So, the purpose of this study

sling that went from the top down rather

Page 310 Page 312 ¹ business arrangement made. I've never had Did I read that correctly? 2 one of those arrangements, but I'm A. Yeah. 3 extrapolating. I can't say for certain Q. So, you weren't even, under this ⁴ that's what we were doing here. But this secrecy agreement, you weren't even sounds like a scenario where I'm allowed to disclose that you had a relationship with Ethicon. presenting them with an idea and they're going to decide whether there's something Is that what this says? mutually agreeable that would come out of A. It says that I would have to 9 tell them if I was telling someone else. this. 10 MS. GERSTEL: I'm just going to O. So, when you were offering your 11 place a late objection that that -- I patients the TVT sling devices, did you 12 disclose to them that you had a consulting believe that that's a 13 mischaracterization of the document relationship with Ethicon and several 14 and the agreement. other sling manufacturers? 15 15 A. I did and I do. BY MR. DeGREEFF: 16 16 Q. So, would you have been asking 0. Did this prohibit you from doing 17 them to partner up on your idea? Is that 17 that? kind of what you were doing? 18 MS. GERSTEL: Object to the 19 19 MS. GERSTEL: Object to the form. 20 20 A. No. form. 21 21 A. Well, when you have an idea, you Q. Why do you disclose your want to present it. And I'm not in a consulting relationship with Ethicon and position to take a idea and make it into a other sling manufacturers to your sling. So you go to a reputable company patients? Page 311 Page 313 A. Because I want to make sure I that's right now the leader in sling products, and you bring your idea to them have a discussion that lets them know I to see whether they like it. work towards betterment and improvement of So, partner up, you could call these products all the time. That means I it partner up or you could call it a work with the companies. And there are routine scenario where someone with an payments made sometimes for that consulting work, and I don't want them to idea brings an idea to a company and if it's deemed valuable, there's a business discover that and feel that I hid arrangement made to purchase the something that they would think was, you ¹⁰ intellectual property and there's a know, financial motivation. I tell them ¹¹ financial arrangement made with them. the relationship. I tell them why I use Q. Well, if they're the leader the product, and I tell them why I'm currently, then why didn't you go to them 13 working with them. with your current device? Why did you go 14 O. Okav. 15 15 to BSC and Caldera instead? A. Seems like the responsible thing 16 16 A. Because my relationships with to do. 17 17 them are more current. Q. Right. 18 18 Because being paid by somebody Q. It states: The parties further 19 agree not to disclose the relationship 19 can create a bias towards using a product. 20 between the parties or the existence of Right? 21 this agreement to any third party without 21 A. Correct. 22 22 the consent of the other. MR. DeGREEFF: I'm going to mark 23 23 And there's a three-year for you Deposition Exhibit 13. 24 (Lind Exhibit 13, e-mail chain effective date on that.

Page 314 Page 316 1 ending June 15, 2004, Bates No. you know, maneuvers you've done or -- or anatomy you've shown might be used for 2 ETH.MESH.11003781 to 11003783, was 3 marked for identification, as of this videos, and this might be like a little segment video permission. 4 date.) But I do not recall a video with 5 BY MR. DeGREEFF: Q. So, I have handed you what my name on it that I made for -- you know, appears to be an exchange, an e-mail beginning to end for Ethicon. exchange from it's the June of 2004 date Q. Well, if you look a little range. further up in the chain on the same page, 10 Does that look accurate? there's an e-mail to you that says: 11 11 This is 2004 communications, Larry. 12 12 That's you, right? right. 13 13 Q. And if you look at the initial A. Yeah. two e-mails on the chain, meaning the 14 Q. (Reading) Would like to process earliest in time, you are a recipient on, this payment in June. Need paperwork back I guess two of the three earliest you're a before 6/21. 17 recipient on those e-mails. 17 Did I read that correctly? 18 Correct? 18 A. Yep. 19 19 Q. So, were you paid to do this A. Please find the attached signed contract for your Gynemesh procedure 20 video? videos. The original and copies have been 21 A. I don't know what I was doing 22 sent to Jeff Kraut by the courier. there. There's some -- I don't know -- I 23 I see that. don't know what this -- I don't know what 24 Q. And if you look the "to" line, this is. Page 315 Page 317 this e-mail was sent to you. Q. Okay. 2 A. I really don't know what it is. Correct? 3 A. Which line? Q. If you look on the next page, there's an e-mail -- I mean on the front 4 Yes. 5 Q. And who is Giselle Bonet? page, I guess. There's an e-mail to you on June 11th from Marianne Kaminski with 6 A. I don't recall. 7 Ethicon stating: We have the signed Q. And the subject line of this exchange is called "Procedure Videos contract. We will process the payments. 9 Signed Contract." Did I read that correctly? A. Okay. 10 Did I read that correctly? 10 11 11 Q. So, appears you were paid for A. Yep. Q. I mean, did you do some form of 12 doing a Gynecare -- excuse me. A Gynemesh a video for Ethicon? procedure video. 13 13 14 14 A. I don't think I did a Right? 15 A. There's something I was doing 15 beginning-to-end video. I think perhaps maybe in a lab they were filming some that was either used as part of a video or 16 17 participated in making a video. But as I steps of anatomic passage of something. 18 I -- I don't -- I cannot recall said, I don't recall. a video that's got my name on it or in the 19 As I've described it, it could credits that the video maker of one of just be segments of something I did in a 21 these sling videos. 21 lab that was filmed. 22 I think that sometimes when you 22 I don't believe that I made them go to their labs and you work on stuff, a video from beginning to end. But I was they ask you to sign permissions, or if, clearly, by this set of e-mails, paid for

Page 318 Page 320 1 A. Nope. work I did that was used as or as part of 2 2 creating a video. Q. Does it mean secrecy agreement? 3 MS. GERSTEL: Objection. Q. I really ask because I'm wondering if I'm in the presence of a 4 A. I don't know. movie star. That's really where I was 5 Q. Then there's a column further going with that. And if I could get an over that has a term that says "term" and autograph maybe later. it says "3." 8 8 A. Well. Do you see that? 9 9 Q. All right. A. Yep. 10 Q. And it shows date and years A. But I do look like a couple of 10 columns that says 12/19/2009 to 11 them. 12 12 12/20/2012. MR. DeGREEFF: Sir, I'll 13 13 happened you what I've marked as Do you see that? 14 Deposition Exhibit 14. 14 A. Yep. 15 15 (Lind Exhibit 14, Q CDA Log, Q. So, were you under some form of 16 Bates No. ETH.MESH.15359953 to an agreement with them from 12/19 of 2009 17 17 15359976, was marked for to 12/20 of 2012? 18 identification, as of this date.) 18 A. Looks like they have a contract. 19 I don't know if this CDA log is accurate. BY MR. DeGREEFF: 20 Q. This is titled "Q CDA log." I'd like to see that contract. 21 21 Have you ever seen this before? I can certainly tell you between 22 A. May have. those years, I do not have a lot of 23 Q. If you look on page 11, the activity with them. That's for sure. Bates number at the bottom of it has a Q. If you look at the originator Page 319 Page 321 column, who is V. Zaddem? last three of '963. 2 A. Are they numbered? A. I don't know what her position 3 Q. Down here (indicating). The is now. Bates number ends in '963. That's called 4 I recall her name. a Bates number. Q. Is it an Ethicon employee? 6 A. Okay. A. I assume it was someone 7 Q. If you look at the second column organizing or handling the contract, but I over, it says: With whom. don't know who it is. 9 A. Got it. 9 Q. Do you know who Pete DeCosta is? 10 Q. And then one, two, three, fourth 10 A. I do not. Q. During this three years -one down says: Dr. Larry Lind. 11 12 I'm assuming that's you? 12 MR. DeGREEFF: Strike that. 13 A. Yes. 13 Q. Do you have any idea how much 14 Q. And that shows that there's a you were being paid under this three years 15 topic next to it that says: Evaluating 15 of contracts? information for discussions regarding 16 A. I think there were very few 17 device evaluations. 17 events. I was usually paid in the same 18 Do you know what that means? 18 amount by them. 19 A. Sounds like I'm looking at their 19 Q. The person below you on this devices and discussing it. list is Dr. Elizabeth Kavaler. 21 Q. If you look at the column next 21 Do you know her? to that, it says "type" and "SA" is 22 22 A. Yes. 23 Q. How do you know her? written. 24 24 She was a urologist in Do you know what that means?

Page 322

- ¹ Manhattan. So we -- I get some of her patients, she gets some of mine, and when
- we do this Pelvic Floor Society meeting in
- 4 the city, she sometimes attends. I think
- she was -- I think she was at the Prosima
- lab that I did with them in this time
- period, and I think that was probably the
- only thing that I did with them in this
- time period. I'm guessing, but I remember
- ¹⁰ I wasn't doing a lot. And they really
- wanted me to look at this Prosima.
- 12 Q. Are you aware that she's also a witness for Ethicon in the transvaginal mesh litigations?
- 15 A. Yes.
- 16 Q. And you're aware that she was also a consultant for Ethicon prior to becoming an expert witness?
- 19 A. Yes.

24

8

18

- 20 Q. Are you aware of any expert witness for Ethicon in this litigation that was not a paid consultant first? 22
- 23 MS. GERSTEL: Objection.
 - A. I don't have an answer to that.

Q. So, this was a second agreement with Ethicon that was covering the years

Page 324

Page 325

2010 to 2011.

5

6

9

10

11

12

13

14

15

16

17

18

2

3

5

14

We just looked at another one.

A. Those are the dates.

Right?

- O. So, during that time period, you had multiple agreements with Ethicon?
- A. It looks like I had these two.

MR. DeGREEFF: Sir, I'm handing you what I've marked as Deposition Exhibit 15.

(Lind Exhibit 15, e-mail chain ending October 1, 2010, Bates No. ETH.MESH.03642725 to 03642726, was marked for identification, as of this date.)

BY MR. DeGREEFF:

Q. Sir, I acknowledge that you are not on this document. And really what I want to ask you is there's a discussion here about you, about your contract, in which some employees of Ethicon state they're going to look to terminate the

Page 323

- 1 Q. Then if you look a couple pages
- later where it says '965 as the last three
- 3 of the Bates number.
- 4 A. Okay.
- 5 Q. There's another in the column
- that says with whom, if you go four down,
- 7 it says "Lawrence Lind."

I'm assuming that's also you?

- 9 A. I see it.
- 10 Q. And the column that says "topic"
- says: Provide consulting services to
- 12 Ethicon on behalf of Ethicon.

13 Did I read that correctly?

- 14 A. I see it.
- 15 Q. It looks like you were under a
- master consulting agreement from 8/31 of 16
- 17 2010 to 12/31 of 2011.
 - A. I see it.
- 19 Q. Does it sound accurate?
- 20 A. Yes.
- 21 What did you do for Ethicon as
- part of the consulting services from 2010
- to 2011?
- 24 I don't recall.

marketing contract with you.

Do you see where I'm at on that?

- A. Looking to terminate it.
- Q. Yes. 4
 - A. Okay.
- 6 0. Do you see where I'm at?
- Yep. A.
 - And it looks like the reason,
- based on the e-mail above that, the reason
- that they wanted to terminate the
- marketing contract is because you had
- signed an R&D agreement under which you
- 13 were going to get a different rate.

Right?

A. I wasn't aware as of this date that I had a marketing agreement. My understanding was always as consulting

services for education and research and

development. So I would need to see the

marketing agreement. I haven't seen

anything that we've looked at today that 22 says marketing.

23 I do see here that they seem to feel that I had one and that they want to

	Lawrence		ια, π.υ.
	Page 326		Page 328
1	change it.	1	A. That's what the e-mail says.
2	Q. Why do you think they considered	2	I haven't seen any contracts.
3	you to have a marking contract?	3	MR. DeGREEFF: Sir, I'm going to
4	What kind of marketing were you	4	hand you what I've marked as
5	doing for them?	5	Deposition Exhibit 16.
6	MS. GERSTEL: Objection.	6	(Lind Exhibit 16, e-mail chain
7	A. I wasn't.	7	ending April 28, 2010, Bates No.
8	Q. Were you giving lectures for	8	ETH.MESH.02033638 to 02033639, was
9	them?	9	marked for identification, as of this
10	A. In labs I would teach the	10	date.)
11	surgery and give educational lectures. I	11	BY MR. DeGREEFF:
12	consider that education. If you consider	12	Q. This again, this is an e-mail
13	it marketing at the same time, that's a	13	about an edit you were requesting to a
14	I don't know if that's a legal term or a	14	contract in April of 2010.
15	judgment call of what you're doing, but I	15	Right?
16	was educating.	16	A. Yep.
17	Q. In 2010, you were, based on this	17	Q. If you look at this first
18	e-mail, you were also consulting for	18	e-mail, the longer one, it says: I found
19	Boston Scientific.	19	Dr. Lind has existing contacts with ProfEd
20	Right?	20	and marketing activities for product
21	A. Yes.	21	evaluation, written materials, market
22	Q. And you were wanting to craft	22	reviews, advisory boards and company
23	the language of your consulting	23	sponsored speaker programs at a rate of
24	MR. DeGREEFF: Strike that.	24	\$1500 a day.
	Page 327		Page 329
1	Q. You were wanting to craft the	1	Page 329 Did I read that correctly?
1 2	_	1 2	_
	Q. You were wanting to craft the		Did I read that correctly?
2	Q. You were wanting to craft the language of your R&D agreement with	2	Did I read that correctly? A. Mm-hm.
2 3	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you	2 3 4	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking
2 3 4	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific.	2 3 4	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of
2 3 4 5	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember?	2 3 4 5	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon?
2 3 4 5 6	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings	2 3 4 5 6	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs.
2 3 4 5 6 7	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I	2 3 4 5 6 7	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs?
2 3 4 5 6 7 8	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings	2 3 4 5 6 7 8	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes.
2 3 4 5 6 7 8 9 10	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to	2 3 4 5 6 7 8 9 10	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities.
2 3 4 5 6 7 8 9 10 11 12	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse.	2 3 4 5 6 7 8 9 10 11	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right?
2 3 4 5 6 7 8 9 10 11 12 13	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest	2 3 4 5 6 7 8 9 10 11 12 13	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not
2 3 4 5 6 7 8 9 10 11 12 13	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's	2 3 4 5 6 7 8 9 10 11 12 13	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's a master consulting agreement for Dr.	2 3 4 5 6 7 8 9 10 11 12 13 14	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing. Q. Certainly it appears that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's a master consulting agreement for Dr. Lind.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing. Q. Certainly it appears that Ethicon believed that they had a marketing
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's a master consulting agreement for Dr. Lind. And it says: The contract term	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing. Q. Certainly it appears that Ethicon believed that they had a marketing contract with you.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's a master consulting agreement for Dr. Lind. And it says: The contract term is one year beginning 2/25/10 and ending	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing. Q. Certainly it appears that Ethicon believed that they had a marketing contract with you. Right?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's a master consulting agreement for Dr. Lind. And it says: The contract term is one year beginning 2/25/10 and ending 2/25/11.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing. Q. Certainly it appears that Ethicon believed that they had a marketing contract with you. Right? MS. GERSTEL: Objection.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's a master consulting agreement for Dr. Lind. And it says: The contract term is one year beginning 2/25/10 and ending 2/25/11. Did I read that correctly?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing. Q. Certainly it appears that Ethicon believed that they had a marketing contract with you. Right? MS. GERSTEL: Objection. A. I think what happened is we got
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's a master consulting agreement for Dr. Lind. And it says: The contract term is one year beginning 2/25/10 and ending 2/25/11. Did I read that correctly? A. Yep.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing. Q. Certainly it appears that Ethicon believed that they had a marketing contract with you. Right? MS. GERSTEL: Objection. A. I think what happened is we got involved in a time frame where companies
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's a master consulting agreement for Dr. Lind. And it says: The contract term is one year beginning 2/25/10 and ending 2/25/11. Did I read that correctly? A. Yep. Q. So that would be a third	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing. Q. Certainly it appears that Ethicon believed that they had a marketing contract with you. Right? MS. GERSTEL: Objection. A. I think what happened is we got involved in a time frame where companies and hospitals and doctors started
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. You were wanting to craft the language of your R&D agreement with Ethicon to avoid any conflict to what you were doing for Boston Scientific. Is that something you remember? MS. GERSTEL: Objection. A. Yes. The contract said I couldn't work with anyone else on slings or incontinence materials, but I was already doing that with Boston Scientific. So I asked them to restrict the scope to repair a prolapse. Q. And if you look on the earliest e-mail on this exhibit, it says: There's a master consulting agreement for Dr. Lind. And it says: The contract term is one year beginning 2/25/10 and ending 2/25/11. Did I read that correctly? A. Yep.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Did I read that correctly? A. Mm-hm. Q. Company sponsored speaking programs, were you speaking on behalf of the company, of Ethicon? A. Only at labs. Q. At labs? A. Yes. Q. And again, they're considering you to have a contract for marketing activities. Right? A. It does indicate that. I do not recall ever working on marketing. Q. Certainly it appears that Ethicon believed that they had a marketing contract with you. Right? MS. GERSTEL: Objection. A. I think what happened is we got involved in a time frame where companies

Page 330 Page 332 ¹ might have had stuff in the previous Did I read that correctly? agreements that had to do with marketing, A. Everything you're reading you're ³ et cetera, et cetera, which is consulting reading correctly. 4 that I do not do. I only do work with the Q. So, were you being paid \$1500 a day for advisory board work? R&D people. In fact, I don't interact A. That's what it says. with the marketing people. It's part of the rules. Q. And what does that advisory 8 board work mean? So this is, I think, something to get the accounting and compliance in A. You come and look at products. order that my role is for R&D, which is You may be in a lab working on 11 what it always was. development, discussing the products in 12 Q. Whatever the case may be, we the setting of a cadaver lab. You may be 13 looked at multiple e-mails now where sitting around a table with other experts Ethicon refers to one of their contracts holding mesh, feeling mesh, holding with you as a marketing contract. devices, giving feedback as to what works, 16 what doesn't work, which directions can Right? 17 17 they go. MS. GERSTEL: Objection. 18 A. I think those referrals to my 18 Q. And then the last sentence on 19 contracts and my role in there are wrongly this page leading to the next page says: 20 Over the past weekend, doctor made a described. 21 Q. Regardless, that is the comment to one of our associates that he 22 terminology Ethicon is using, right? was angered that he had signed at such a 23 A. And I am challenging it. low rate. Especially since he is 24 Then if you look at down below compensated by our competitors at \$3,000 a Page 331 Page 333 there's an asterisk that says: These day for working with R&D. 2 activities are unique to Dr. Lind because Did I read that correctly? he uses competitor devices regularly. Yes. A. 4 Did I read that correctly? Q. So, you were upset that you were 5 A. Yes. only getting paid \$1500 a day by Ethicon Q. And as we discussed earlier, you when your competitors were paying you use primarily the Caldera device \$3,000 a day. 8 currently. Right? 9 Right? 9 MS. GERSTEL: Objection. 10 A. Currently. 10 A. I see the facts that are on this 11 At the time of this contract, I 11 sheet. think they were more interested in the 12 Q. Is that your recollection? cadaver lab projects I did with Boston 13 A. I don't have independent Scientific. recollection. 15 15 Q. Gotcha. Q. Do you have any reason to 16 So, this says: Here is what I 16 dispute this? 17 A. Not really. recently learned from Scott Jones in 18 marketing. 18 Q. And what competitors were paying you \$3,000 a day in 2009 and 2010? 19 Do you know Scott Jones? 19 20 20 A. Probably Boston Scientific. A. No. 21 21 Q. It also says: Also, this Q. It says: In 2009, the doctor agreed to \$1500 a day for Ad Board work, surgeon has tried our pelvic floor which was the rate all participants products many times, but he prefers to use

received for that event.

our competitors' products.

Page 334 1 Did I read that correctly? 2 A. Yes. 3 Q. And then they go on to say: 4 What I found out is that ProfEd - I guess 5 professional education - and marketing 6 used to use Dr. Lind heavily as a KOL. 5 similar to how Dr. Vincent Lucente is 6 consulted currently. However, they do not anticipate his services as specified in his existing contracts because he does not use Ethicon's PFR kits. 5 Did I read that correctly? 1 A. Yep. 1 Q. Do you know what a KOL is? 1 A. Key opinion leader. 2 Q. Do you know what a KOL is? 3 A. I was a consultant. If they alled that, they chose to call me that, they chose to call me that. 4 It wasn't a badge you earned. 5 Q. Do you disagree that you were a key opinion leader for Ethicon? 4 A. I think at times they thought I wasn't. 5 When I came to them with the slims sling design, they told me to get lost, so. 4 Q. Okay. 5 A. My opinions weren't very 6 well-respected or received then. 6 Q. Q. Oxay. 6 A. My opinions weren't very 6 well-respected or received then. 7 Q. So you were a key opinion leader for Ethicon when you were agreeing with them. 6 Is that what you're saying? 7 MS. GERSTEL: Objection. 7 A. That's what it reads. 8 Q. Who is Dr. Vincent Lucente? 9 A. He's a urogynecologist in Pennsylvania. 9 Q. Was he a key opinion leader for Ethicon? 1 MS. GERSTEL: Objection. 2 Q. Was he a key opinion leader for Ethicon? 3 MS. GERSTEL: Objection. 4 A. I guess he was. 1 THE WITNESS: I'm sorry. I know time is getting tight. I'm going to use the restroom. 4 MS. GERSTEL: Objection. 5 (Recess taken.) 6 (Lind Exhibit 17, e-mail chain 6 MS. GERSTEL: Okay. 6 (Recess taken.) 6 (Lind Exhibit 17, e-mail chain 6 meding May 10, 2010, Bates No. 8 HMIESH_ETH_03111719, was marked for identification, as of this date.) 9 What no Header orrecall? 9 Q. This is some e-mail exchanges for from April of 2010. Correct? A. Then a badge you earned. 9 Q. Do you disagree that you were a gree and the chain is an e-mail that you sent to vincenza Zaddem. 9 Q. And the first e-mail on the chain is an e-mail that		Lawrence	ттт	ia, M.D.
2 A. Yes. 3 Q. And then they go on to say: 4 What I found out is that ProfEd - I guess professional education - and marketing used to use Dr. Lind heavily as a KOL similar to how Dr. Vincent Lucente is consulted currently. However, they do not anticipate his services as specified in his existing contracts because he does not use Ethicon's PFR kits. 2 Did I read that correctly? 3 A. Yep. 4 Q. Do you know what a KOL is? 5 A. Yep. 6 Were you a key opinion leader for Ethicon? 7 For Ethicon? 8 A. I was a consultant. If they called me that, they chose to call me that. 9 Q. Do you disagree that you were a key opinion leader for Ethicon? 9 A. I think at times they thought I wasn't. 9 Well-respected or received then. 10 Q. So you were a key opinion leader for Ethicon when you were agreeing with them. 10 Is that what you're saying? 11 MS. GERSTEL: Objection. 12 A. I don't have an answer for that. 13 Q. And it seems here that professional education and marketing were using you heavily. 15 A. He's a urogynecologist in Pennsylvania. 16 Q. Was he a key opinion leader for Ethicon? 17 A. That's what it reads. 18 Q. Was he a key opinion leader for Ethicon? 29 MS. GERSTEL: Objection. 20 Was he a key opinion leader for Ethicon? 20 Was he a key opinion leader for Ethicon? 21 A. He's a urogynecologist in Pennsylvania. 22 Q. Was he a key opinion leader for Ethicon? 23 A. He's a urogynecologist in Pennsylvania. 24 Q. Was he a key opinion leader for Ethicon? 25 MS. GERSTEL: Objection. 26 Correct? 27 A. That's what it reads. 28 Q. Was he a key opinion leader for Ethicon? 29 A. He's a urogynecologist in Pennsylvania. 20 Q. Was he a key opinion leader for Ethicon? 20 A. The value of the contract had standard terms of just hourly rate for experience is the restroon. 3 MS. GERSTEL: Objection. 3 Was in the restroon. 4 I think at times they though I wasn't in the restroon in ender for Ethicon? 5 G. This is some e-mail chain in ending May 10, 2010, Bates No. 4 MF. GERSTEL: Objection in the wasn and times is ettinicned in ending May 10, 2010,		Page 334		Page 336
3 Q. And then they go on to say: 4 What I found out is that ProfEd - I guess 5 professional education - and marketing 6 used to use Dr. Lind heavily as a KOL 7 similar to how Dr. Vincent Lucente is 8 consulted currently. However, they do not 9 anticipate his services as specified in 10 his existing contracts because he does not 11 use Ethicon's PFR kits. 12 Did I read that correctly? 13 A. Yep. 14 Q. Do you know what a KOL is? 15 A. Key opinion leader 16 for Ethicon? 18 A. I was a consultant. If they 19 called me that, they chose to call me 19 that. 21 It wasn't a badge you earned. 22 Q. Do you disagree that you were a 23 key opinion leader for Ethicon? 24 A. I think at times they thought I 25 When I came to them with the slim sling 26 design, they told me to get lost, so. 27 Q. Oxay. 28 Well-respected or received then. 29 G. And was and at times they thought I 20 Is that what you're saying? 21 MS. GERSTEL: Objection. 22 A. I don't have an answer for that. 23 Q. And it seems here that 24 professional education and marketing were 25 use the restroom. MS. GERSTEL: Okay. MS. GERSTEL: Okay. MR. GERSTEL: Okay. MB. GERSTEL: Okay. MB. GERSTEL: Okay. MB. GERSTEL: Okay. MB. GERSTEL: Objection. MS. GERSTEL: Objection. A. These are e-mail chain ending May 10, 2010, Bates No. HMESH_ETH_03111719, was marked for identification, as of this date.) BYMR. DeGREFFF: Q. Sir, I've just handed you what 12 I've marked Deposition Exhibit 17. Do you see that? 4 A. Yep. 15 Q. And the first e-mail on the 16 chain is an e-mail that you sent to 17 Correct? A. I think at times they thought I wasn't. 18 A. I treviewed the contract. 19 Q. And the first e-mail on the 21 chain is an e-mail that you sent to 22 Vincenza Zaddem. 23 Right? A. I reviewed the contract. 24 A. Yep. 25 Q. And who is Zaddem? 26 Q. And who is Zaddem? 27 Q. And then under item 17, the 28 paragraph that starts with the words "item 19 paragraph that starts with the words "item 19 paragraph that starts with the words "item 19 paragraph that starts with	1	Did I read that correctly?	1	THE WITNESS: I'm sorry. I know
What I found out is that ProfEd - I guess professional education - and marketing used to use Dr. Lind heavily as a KOL similar to how Dr. Vincent Lucente is consulted currently. However, they do not anticipate his services as specified in his existing contracts because he does not use Ethicon's PTR kits. Did read that correctly?	2	A. Yes.	2	time is getting tight. I'm going to
5 professional education - and marketing 6 used to use Dr. Lind heavily as a KOL 7 similar to how Dr. Vincent Lucente is 8 consulted currently. However, they do not 9 anticipate his services as specified in 10 his existing contracts because he does not 11 use Ethicon's PFR kits. 12 Did I read that correctly? 13 A. Yep. 14 Q. Do you know what a KOL is? 15 A. Key opinion leader. 16 Q. Were you a key opinion leader 17 for Ethicon? 18 A. I was a consultant. If they 19 called me that, they chose to call me 19 that. 11 It wasn't a badge you earned. 12 Q. Do you disagree that you were a 12 key opinion leader for Ethicon? 13 was and at times they thought I wasn't. 14 When I came to them with the slim sling 15 design, they told me to get lost, so. 16 Q. Okay. 17 A. My opinions weren't very 18 A. Yep. 19 Q. If you just look at the to/from 19 line and the e-mail. 20 A. Yes. 21 Is that what you're saying? 22 A. Do you desagree that you were a for Ethicon when you were agreeing with 23 them. 24 A. Thar's what it reads. 25 A. My opinions deduction and marketing were 15 using you heavily. 16 Correct? 17 A. Thar's what it reads. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was be a key opinion leader for Ethicon? 22 A. Thar's what it reads. 23 Professional education and marketing were 24 Standard terms of just the words "item 17 professional education and marketing were 18 using you heavily. 19 Correct? 20 A. Thar's what it reads. 21 Q. Was be a key opinion leader for Ethicon? 22 M. A. Thar's what it reads. 23 Was be a key opinion leader for Ethicon? 24 A. Thar's what it reads. 25 Q. Who is Dr. Vincent Lucente? 26 A. He's a urogynecologist in 27 Professional education and marketing were 28 Correct? 29 A. He's a urogynecologist in 29 A. He's a urogynecologist in 29 A. He's a urogynecologist in 20 And Who is Zaddem? 20 And who is Zaddem? 21 A. Yes. 22 A. Yes. 23 A. Yes. 24 A. Yes. 25 Q. And when is Zaddem? 26 Correct? 27 A. Thar's what it reads. 28 Q. Wha the a key opinion leader for E	3	Q. And then they go on to say:	3	use the restroom.
6 used to use Dr. Lind heavily as a KOL 8 similar to how Dr. Vincent Lucente is 8 consulted currently. However, they do not 9 anticipate his services as specified in 10 his existing contracts because he does not 11 use Ethicon's PFR kits. 12 Did I read that correctly? 13 A. Yep. 14 Q. Do you know what a KOL is? 15 A. Key opinion leader. 16 Q. Were you a key opinion leader 16 for Ethicon? 17 Correct? 18 A. I was a consultant. If they 19 called me that, they chose to call me 19 that. 10 It wasn't a badge you earned. 20 Q. Do you disagree that you were a 10 key opinion leader for Ethicon? 10 A. I think at times they thought I 10 was and at times they thought I wasn't. 11 wasn and at times they thought I wasn't. 12 When I came to them with the slim sling 13 design, they told me to get lost, so. 14 Q. Okay. 15 A. My opinions weren't very 16 well-respected or received then. 17 Q. So you were a key opinion leader 18 for Ethicon when you were agreeing with 19 them. 10 Is that what you're saying? 11 M. These are e-mail sfrom 2010, 12 Vincenza Zaddem. 15 Page 335 1 Was and at times they thought I wasn't. 16 Q. Okay. 17 Correct? 18 A. I fevi ewell the contract. 18 Page 335 1 Was and at times they thought I wasn't. 20 Wen I came to them with the slim sling 21 design, they told me to get lost, so. 22 Q. And who is Zaddem? 23 A. I don't know. 24 Q. And it seems here that 25 Unicenza Zaddem. 26 A. I don't know. 27 Q. Really my only question is if 28 you look at that, you say: I reviewed the contract. 29 Q. And then under item 17, the 20 paragraph that starts with the words "item 20 A. The's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 A. The value of the contract had 24 Contract? 25 Correct? 26 A. The's a urogynecologist in 27 Pennsylvania. 28 Page 335 29 Page 335 20 A. Was be a key opinion leader for 29 C. And then under item 17, the 29 C. What was the value of this 29 C. What was the value of this 20 Correct? 21 A. The value of the contract had 21 A. Yes. 22 C. And then under it	4	What I found out is that ProfEd - I guess	4	MS. GERSTEL: Okay.
7 similar to how Dr. Vincent Lucente is consulted currently. However, they do not anticipate his services as specified in his existing contracts because he does not use Ethicon's PFR kits. 10 bid I read that correctly? 11 use Ethicon's PFR kits. 12 Did I read that correctly? 13 A. Yep. 14 Q. Do you know what a KOL is? 15 A. Key opinion leader. 16 Q. Were you a key opinion leader for Ethicon? 17 for Ethicon? 18 A. I was a consultant. If they called me that, they chose to call me that. 19 called me that, they chose to call me that. 20 di tat. 21 It wasn't a badge you earned. 22 Q. Do you disagree that you were a key opinion leader for Ethicon? 23 key opinion leader for Ethicon? 24 A. I think at times they thought I wasn't. 2 When I came to them with the slim sling design, they told me to get lost, so. 3 Q. Okay. 4 Q. Okay. 5 A. My opinions weren't very well-respected or received then. 6 Q. So you were a key opinion leader for Ethicon when you were agreeing with them. 10 Is that what you're saying? 11 Is that what you're saying? 12 MS. GERSTEL: Objection. 13 Correct? 14 A. Yes. 15 Q. And it seems hey thought I wasn't. 16 WMESH_ETH_0311719, was marked for identification, as of this date.) 16 Is that they tought I wish and the leaf of the side of this date.) 17 Do you see that? 18 A. I was a consultant. If they and the correct? 19 A. That's what it reads. 10 Q. May be a key opinion leader for Ethicon? 20 And it seems here that professional education and marketing were using you heavily. 21 Correct? 22 A. That's what it reads. 23 Q. Was he a key opinion leader for Ethicon? 24 A. That's what it reads. 25 Q. Was he a key opinion leader for Ethicon? 26 Correct? 27 A. The's a urogynecologist in Pennsylvania. 28 Correct? 29 A. He's a urogynecologist in Pennsylvania. 20 Was he a key opinion leader for Ethicon? 20 MS. GERSTEL: Objection.	5	professional education - and marketing	5	(Recess taken.)
8 consulted currently. However, they do not anticipate his services as specified in his existing contracts because he does not use Ethicon's PFR kits. 12 Did I read that correctly? 13 A. Yep. 14 Q. Do you know what a KOL is? 15 A. Key opinion leader. 16 Q. Were you a key opinion leader for Ethicon? 17 Correct? 18 A. I was a consultant. If they that times they thought I wasn't. 18 A. I think at times they thought I wasn't. 19 When I came to them with the slim sling design, they told me to get lost, so. 4 Q. Okay. 5 A. My opinions weren't very well-respected or received then. 6 Q. So you were a key opinion leader for Ethicon when you were agreeing with them. 6 Is that what you're saying? 6 M. GERSTEL: Objection. 6 Who is Dr. Vincent Lucente? 7 A. The's a urogynecologist in Pennsylvania. 6 Q. Was he a key opinion leader for Ethicon? 7 A. That's what it reads. 8 Q. Was he a key opinion leader for Ethicon? 9 A. He's a urogynecologist in Pennsylvania. 9 Q. Was he a key opinion leader for Ethicon? 10 Correct? 11 M. S. GERSTEL: Objection. 11 MESH_ETH_03111719, was marked for identification, as of this date.) 12 BY MR. DeGREEFF: 13 Q. Sir, Ive just handed you what 14 I've marked Deposition Exhibit 17. 15 Do you see that? 16 Q. Sir, Ive just handed you what 16 I've marked Deposition Exhibit 17. 16 Do you see that? 16 Q. Sir, Ive just handed you what 16 I've marked Deposition Exhibit 17. 16 Do you see that? 16 Q. This is some e-mail exchanges from April of 2010. 17 Correct? 18 A. These are e-mails from 2010, 29 yes. 20 And the first e-mail on the chain is an e-mail that you sent to Vincenza Zaddem. 20 Q. And the sit see the one with me to Vincenza Zaddem. 21 Q. If you just look at the to/from line and the e-mail. 22 Q. And who is Zaddem? 23 A. Yeah. I see the one with me to Zaddem, yes. 24 A. I don't have an answer for that. 25 Q. And then under item 17, the paragraph that starts with the words "item 17," the last sentence is: The value of the contract does not justify exclusive services. 24 A. Yes. 25 A. He's a urogynec	6	used to use Dr. Lind heavily as a KOL	6	(Lind Exhibit 17, e-mail chain
anticipate his services as specified in his existing contracts because he does not use Ethicon's PFR kits. Did I read that correctly? A. Yep. Do you know what a KOL is? A. Key opinion leader. Q. Were you a key opinion leader for Ethicon when you were a key opinion leader for Ethicon when you were a key opinion leader for Ethicon when you were a key opinion leader for Correct? A. My opinions weren't very well-respected or received then. Q. Sir, I've just handed you what I've marked Deposition Exhibit 17. Do you see that? A. Yep. The was a consultant. If they all that, they chose to call me that, they chose to call me that, they chose to call me that. It wasn't a badge you earned. Do you disagree that you were a key opinion leader for Ethicon? Was and at times they thought I wasn't. When I came to them with the slim sling design, they told me to get lost, so. Q. Okay. A. My opinions weren't very well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Signature of the contract of the with the slim sling on the contract. Do you say: I reviewed the contract. Page 337 Page 337	7	similar to how Dr. Vincent Lucente is	7	ending May 10, 2010, Bates No.
bis existing contracts because he does not use Ethicon's PFR kits. 11	8	consulted currently. However, they do not	8	HMESH_ETH_03111719, was marked for
use Ethicon's PFR kits. Did I read that correctly? A. Yep. Do you see that? A. Yep. Correct? A. I was a consultant. If they called me that, they chose to call me that. I wasn't a badge you earned. Do you disagree that you were a key opinion leader for Ethicon? A. I think at times they thought I was and at times they thought I wasn't. When I came to them with the slim sling design, they told me to get lost, so. A. My opinions weren't very well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? A. He's a urogynecologist in Pool Vou see that? I we marked Deposition Exhibit 17. Do you see that? I we marked Deposition Exhibit 17. Pour surked Deposition Exhibit 17. I we marked Deposition Exhibit 17. Do you see that? A. Yep. Q. Ar Yep. Q. This is some e-mail exchanges from April of 2010. Correct? A. These are e-mails from 2010, yes. Q. And the first e-mail on the vian is an e-mail that you sent to Vincenza Zaddem. Right? A. I reviewed the contract. Page 337 Page 337 Page 337 Page 337 Page 337 Q. If you just look at the to/from line and the e-mail. A. Yeah. I see the one with me to Zaddem, yes. Q. And who is Zaddem? A. I don't know. Q. Oand it seems here that Q. And it seems here that To Correct? A. Yes. Q. And then under item 17, the paragraph that starts with the words "item 17," the last sentence is: The value of the contract does not justify exclusive services. Who is Dr. Vincent Lucente? A. The value of the contract had MS. GERSTEL: Objection. A. The value of the contract had Standard terms of just hourly rate for	9	anticipate his services as specified in	9	identification, as of this date.)
Did I read that correctly? A. Yep. Do you know what a KOL is? A. Key opinion leader. Q. Were you a key opinion leader. for Ethicon? It wasn't a badge you earned. Do you date first e-mail exchanges that. Do you finis is some e-mail exchanges for Ethicon? It wasn't a badge you earned. Do you disagree that you were a key opinion leader for Ethicon? A. I think at times they thought I Was and at times they thought I wasn't. When I came to them with the slim sling design, they told me to get lost, so. A. My opinions weren't very Well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? MS. GERSTEL: Objection. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. They well-respected or neceived then. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. They alwed the contract. It wasn't a badge you earned. We poyou oare that you were a greeing with the slim sling design, they told me to get lost, so. A. I think at times they thought I wasn't. We popinion leader for Ethicon? A. Yesh. I see the one with me to and the e-mail. Q. And who is Zaddem? A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-mail. A. Yesh. I see the one with me to and the e-ma	10	his existing contracts because he does not	10	BY MR. DeGREEFF:
13 A. Yep. 14 Q. Do you know what a KOL is? 15 A. Key opinion leader. 16 Q. Were you a key opinion leader 17 for Ethicon? 18 A. I was a consultant. If they 19 called me that, they chose to call me 20 that. 21 It wasn't a badge you earned. 22 Q. Do you disagree that you were a 23 key opinion leader for Ethicon? 24 A. I think at times they thought I 25 was and at times they thought I wasn't. 26 When I came to them with the slim sling 27 degler, they told me to get lost, so. 28 Q. Okay. 29 A. My opinions weren't very 29 well-respected or received then. 29 G. So you were a key opinion leader for Ethicon when you were agreeing with them. 20 G. Nand it seems here that 21 G. A. I don't have an answer for that. 22 Q. And the first e-mail on the chain is an e-mail that you sent to vincenza Zaddem. 29 A. I think at times they thought I 20 Vincenza Zaddem. 21 Q. If you just look at the to/from line and the e-mail. 22 A. My opinions weren't very 23 A. Weah. I see the one with me to with with with with with with with with	11	use Ethicon's PFR kits.	11	Q. Sir, I've just handed you what
13 A. Yep. 14 Q. Do you know what a KOL is? 15 A. Key opinion leader. 16 Q. Were you a key opinion leader 17 for Ethicon? 18 A. I was a consultant. If they 19 called me that, they chose to call me 10 that. 20 It wasn't a badge you earned. 21 It wasn't a badge you earned. 22 key opinion leader for Ethicon? 23 key opinion leader for Ethicon? 24 A. I think at times they thought I 25 When I came to them with the slim sling 26 design, they told me to get lost, so. 4 Q. Okay. 5 A. My opinions weren't very 6 well-respected or received then. 7 Q. So you were a key opinion leader 8 for Ethicon when you were agreeing with 9 them. 10 Is that what you're saying? 11 A. I don't have an answer for that. 12 Q. And it seems here that 13 part of existing you heavily. 14 Correct? 15 A. He's a urogynecologist in 16 Pennsylvania. 17 Q. Was he a key opinion leader for Ethicon? 18 A. He's a urogynecologist in 19 Pennsylvania. 20 Wasned a key opinion leader for Ethicon? 21 A. He's a urogynecologist in 22 Ethicon? 23 Right? 24 A. I reviewed the contract. 25 Q. And who is Zaddem. 26 Q. Kay. 27 Q. Really my only question is if 28 you look at that, you say: I reviewed the 29 contract. 20 Q. And then under item 17, the 20 And it seems here that 21 professional education and marketing were 23 using you heavily. 24 A. He's a urogynecologist in 25 Pennsylvania. 26 Q. What was the value of this 27 Correct? 28 A. He's a urogynecologist in 29 Pennsylvania. 20 A. A the's a urogynecologist in 29 Pennsylvania. 20 A. The value of the contract had 20 A. The value of the contract had 21 A. The value of the contract had 22 A. Treviewed the cohiract had 23 A. Yeah. I see the one with me to 24 Zaddem., yes. 25 Q. And who is Zaddem? 26 Q. Really my only question is if 27 you look at that, you say: I reviewed the 28 you look at that, you say: I reviewed the 29 contract. 20 Q. Walt then that, you say: I reviewed the contract. 21 A. Yes. 22 A. The last sentence is: The value of this contract? 24 A. The value of the contract had	12	Did I read that correctly?	12	I've marked Deposition Exhibit 17.
14 Q. Do you know what a KOL is? 15 A. Key opinion leader. 15 Q. This is some e-mail exchanges 16 G. Were you a key opinion leader 17 for Ethicon? 18 A. I was a consultant. If they 18 A. These are e-mails from 2010, 20 Correct? 21 Correct 22 Q. And the first e-mail on the 23 Correct 24 A. I think at times they thought I 24 A. I reviewed the contract. 26 Vincenza Zaddem. 27 Chain is an e-mail that you sent to Vincenza Zaddem. 28 Right? A. I reviewed the contract. 28 Page 335 Page 337 A. I think at times they thought I wasn't. 29 Q. If you just look at the to/from 20 Incenze I wasn't. 20 Incenze I wasn't. 30 A. Yeah. I see the one with me to 40 Vincenze I wasn't. 30 A. Yeah. I see the one with me to 40 Vincenze I wasn't. 30 A. Yeah. I see the one with me to 40 Vincenze I wasn't. 30 A. Yeah. I see the one with me to 40 Vincenze I wasn't. 30 A. Yeah. I see the one with me to 40 Vincenze I wasn't. 30 A. Yeah. I see the one with me to 40 Vincenze I wasn't. 30 A. Yeah. I see the one with me to 40 Vincenze I wasn't. 30 A. Yeah. I see the one with me to 40 Vincenze I wasn't. 30 A. Yeah. I see the one with me to 40 Vincenze I wasn't. 30 Vincenze	13		13	<u> </u>
16 Q. Were you a key opinion leader 17 for Ethicon? 18 A. I was a consultant. If they 19 called me that, they chose to call me 20 that. 21 It wasn't a badge you earned. 22 Q. Do you disagree that you were a 23 key opinion leader for Ethicon? 24 A. I think at times they thought I 25 When I came to them with the slim sling 26 design, they told me to get lost, so. 27 A. My opinions weren't very 28 well-respected or received then. 29 Q. So you were a key opinion leader 29 for Ethicon when you were agreeing with them. 20 And it seems here that 21 professional education and marketing were using you heavily. 22 Correct? 23 Right? 24 A. I reviewed the contract. 24 Page 337 25 Page 337 26 Q. If you just look at the to/from 27 Q. So you were a key opinion leader to them with the slim sling design, they told me to get lost, so. 3 A. Yeah. I see the one with me to 4 Q. So you were a key opinion leader to them. 4 Q. So you were a key opinion leader to them. 5 Is that what you're saying? 6 WS. GERSTEL: Objection. 6 A. I don't have an answer for that. 6 Q. And it seems here that 6 professional education and marketing were using you heavily. 6 Using you heavily. 6 Correct? 7 A. These are e-mails from 2010, 7 Q. And the first e-mail on the chain is an e-mail that you sent to 7 Vincenza Zaddem. 7 Q. If you just look at the to/from 8 Zaddem, yes. 9 Q. And who is Zaddem? 9 Valdem, yes. 9 Q. And who is Zaddem? 9 Vallem, yes. 9 Q. Really my only question is if 9 Vou look at that, you say: I reviewed the contract. 9 Q. And the first e-mail on the chain is an e-mail that you sent to 7 Q. Really my oily appear to you were a least to prove the contract. 10 I sthat what you're saying? 11 A. Yes. 12 Q. And the first e-mail on the chain is an e-mail that you sent to 7 Q. Really my oily question is if 9 Vou look at that, you say: I reviewed the contract? 14 A. Yes. 15 Q. And the under item 17, the 16 Correct? 17 A. These are e-mail data times they thought I wasn't. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Q. Who	14	Q. Do you know what a KOL is?	14	A. Yep.
16 Q. Were you a key opinion leader 17 for Ethicon? 18 A. I was a consultant. If they 19 called me that, they chose to call me 20 that. 21 It wasn't a badge you earned. 22 Q. Do you disagree that you were a 23 key opinion leader for Ethicon? 24 A. I think at times they thought I 25 When I came to them with the slim sling 26 design, they told me to get lost, so. 27 A. My opinions weren't very 28 well-respected or received then. 29 Q. So you were a key opinion leader for Ethicon when you were agreeing with them. 20 And it seems here that 21 professional education and marketing were using you heavily. 22 Correct? 23 Right? 24 A. I reviewed the contract. 24 Page 335 25 Page 337 26 Q. If you just look at the to/from line and the e-mail. 27 Q. So you were a key opinion leader for ethicon when you were agreeing with them. 28 So you were a key opinion leader for using you heavily. 29 Page 337 20 Q. And who is Zaddem? 30 A. I don't know. 31 Q. Really my only question is if you look at that, you say: I reviewed the contract. 32 Q. And the first e-mail on the chain is an e-mail that you sent to vincenza Zaddem. 33 Right? 4 A. I reviewed the contract. 4 Q. Mand who is Zaddem? 4 Zaddem, yes. 5 Q. And who is Zaddem? 6 A. I don't know. 7 Q. Really my only question is if you look at that, you say: I reviewed the contract. 4 Q. And it seems here that professional education and marketing were using you heavily. 4 Correct? 4 A. Yes. 4 Q. And the n under item 17, the paragraph that starts with the words "item 17," the last sentence is: The value of the contract does not justify exclusive services. 4 A. Yes. 4 Q. Who is Dr. Vincent Lucente? 5 Q. Who is Dr. Vincent Lucente? 6 A. He's a urogynecologist in Panagraph that starts with the contract does not justify exclusive services. 6 Q. Who is Dr. Vincent Lucente? 7 Did I read that correctly? 8 A. Yes. 9 Q. What was the value of this contract? 9 A. The value of the contract had standard terms of just hourly rate for	15	A. Key opinion leader.	15	Q. This is some e-mail exchanges
for Ethicon? A. I was a consultant. If they called me that, they chose to call me that. It wasn't a badge you earned. Q. Do you disagree that you were a key opinion leader for Ethicon? A. I think at times they thought I Was and at times they thought I wasn't. When I came to them with the slim sling design, they told me to get lost, so. Q. Okay. A. My opinions weren't very well-respected or received then. For Ethicon when you were agreeing with them. Is that what you're saying? A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. These are e-mails from 2010, yes. Q. And the first e-mail on the chain is an e-mail that you sent to Vincenza Zaddem. Right? A. I reviewed the contract. Page 337 Q. If you just look at the to/from line and the e-mail. A. Yeah. I see the one with me to Zaddem, yes. Q. And who is Zaddem? A. I don't know. Q. Really my only question is if you look at that, you say: I reviewed the contract. Correct? A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Page 337 A. Yes. Q. Was he a key opinion leader for Ethicon? A. He's a urogynecologist in Page 337 A. Yes. Q. Was he a key opinion leader for Ethicon? A. The value of the contract had standard terms of just hourly rate for	16	· ·	16	~
18 A. I was a consultant. If they called me that, they chose to call me to that. 20	17	- · · · · · · · · · · · · · · · · · · ·	17	•
called me that, they chose to call me that. It wasn't a badge you earned. Q. Do you disagree that you were a very opinion leader for Ethicon? Page 335 Nest a was and at times they thought I wasn't. When I came to them with the slim sling design, they told me to get lost, so. Q. Okay. A. My opinions weren't very well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? M. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Page 335 Q. And the first e-mail on the chain is an e-mail that you sent to Vincenza Zaddem. Page 337 Right? A. I reviewed the contract. Q. If you just look at the to/from line and the e-mail. Q. And who is Zaddem? A. I don't know. A. I don't know. A. I don't know. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Page 335 Page 335 Page 335 Right? A. I reviewed the contract. 1 Q. If you just look at the to/from line and the e-mail. A. Yeah. I see the one with me to Zaddem, yes. Q. And who is Zaddem? A. I don't know. Q. Really my only question is if you look at that, you say: I reviewed the contract. Correct? A. Yes. Q. And then under item 17, the paragraph that starts with the words "item 17, "the last sentence is: The value of the contract does not justify exclusive services. Did I read that correctly? A. Yes. Q. What was the value of this contract? MS. GERSTEL: Objection. A. The value of the contract had standard terms of just hourly rate for	18	A. I was a consultant. If they	18	A. These are e-mails from 2010,
that. It wasn't a badge you earned. Q. Do you disagree that you were a vey opinion leader for Ethicon? A. I think at times they thought I was and at times they thought I wasn't. When I came to them with the slim sling design, they told me to get lost, so. Q. Okay. A. My opinions weren't very Well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? MS. GERSTEL: Objection. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in MS. GERSTEL: Objection. Ethicon? MS. GERSTEL: Objection. A. The value of the contract had standard terms of just hourly rate for	19	•	19	
It wasn't a badge you earned. Q. Do you disagree that you were a key opinion leader for Ethicon? A. I think at times they thought I Page 335 was and at times they thought I wasn't. When I came to them with the slim sling design, they told me to get lost, so. Q. Okay. A. My opinions weren't very well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? MS. GERSTEL: Objection. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in MS. GERSTEL: Objection. MS. GERSTEL: Objection. A. He's a urogynecologist in Page 335 Page 337 A. I reviewed the contract. Page 337 A. Yeah. I see the one with me to Zaddem, yes. Q. And who is Zaddem? A. I don't know. Q. Really my only question is if you look at that, you say: I reviewed the contract. Correct? A. Yes. Q. And then under item 17, the paragraph that starts with the words "item 17," the last sentence is: The value of the contract does not justify exclusive services. Did I read that correctly? A. Yes. Q. What was the value of this contract? Pennsylvania. Q. Was he a key opinion leader for Ethicon? Ethicon? MS. GERSTEL: Objection. A. The value of the contract had standard terms of just hourly rate for	20	•	20	•
22 Q. Do you disagree that you were a 23 key opinion leader for Ethicon? 24 A. I think at times they thought I Page 335 1 was and at times they thought I wasn't. When I came to them with the slim sling 3 design, they told me to get lost, so. Q. Okay. A. My opinions weren't very well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? MS. GERSTEL: Objection. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? Page 335 Right? A. I reviewed the contract. Page 337 Q. If you just look at the to/from line and the e-mail. A. Yeah. I see the one with me to Zaddem, yes. Q. And who is Zaddem? A. I don't know. Q. Really my only question is if you look at that, you say: I reviewed the contract. Correct? A. Yes. Correct? A. Yes. Q. And then under item 17, the paragraph that starts with the words "item 17," the last sentence is: The value of the contract does not justify exclusive services. A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? A. The value of the contract had Standard terms of just hourly rate for	21		21	
23 key opinion leader for Ethicon? 24 A. I think at times they thought I Page 335 1 was and at times they thought I wasn't. 2 When I came to them with the slim sling 3 design, they told me to get lost, so. 4 Q. Okay. 5 A. My opinions weren't very 6 well-respected or received then. 7 Q. So you were a key opinion leader 8 for Ethicon when you were agreeing with 9 them. 10 Is that what you're saying? 11 MS. GERSTEL: Objection. 12 A. I don't have an answer for that. 13 Q. And it seems here that 14 professional education and marketing were 15 using you heavily. 16 Correct? 17 A. That's what it reads. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 24 Right? 24 A. I reviewed the contract. Page 337 Page 337 Page 347 A. I reviewed the contract. Page 347 A. I reviewed the contract. Page 347 A. I reviewed the contract. Page 347 A. Yeah. I see the one with me to 4 Zaddem, yes. Q. And who is Zaddem? A. I don't know. Q. Really my only question is if 9 you look at that, you say: I reviewed the contract. Correct? A. Yes. Q. And then under item 17, the 13 paragraph that starts with the words "item 14 17," the last sentence is: The value of 15 the contract does not justify exclusive 16 services. Did I read that correctly? A. Yes. Q. What was the value of this Contract? MS. GERSTEL: Objection. A. The value of the contract had 23 standard terms of just hourly rate for	22	_ ·	22	•
Page 335 A. I think at times they thought I Page 335 was and at times they thought I wasn't. When I came to them with the slim sling design, they told me to get lost, so. Q. Okay. A. My opinions weren't very well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? MS. GERSTEL: Objection. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Page 337 Page 337 A. I reviewed the contract. Q. If you just look at the to/from line and the e-mail. A. Yeah. I see the one with me to Zaddem, yes. Q. And who is Zaddem? A. I don't know. Q. Really my only question is if you look at that, you say: I reviewed the contract. Correct? A. Yes. Q. And then under item 17, the paragraph that starts with the words "item 17," the last sentence is: The value of the contract does not justify exclusive services. Pennsylvania. Q. Was he a key opinion leader for Ethicon? MS. GERSTEL: Objection. A. The value of the contract had standard terms of just hourly rate for	23		23	
Page 335 Page 335 Was and at times they thought I wasn't. When I came to them with the slim sling design, they told me to get lost, so. Q. Okay. A. My opinions weren't very well-respected or received then. O. So you were a key opinion leader for Ethicon? Is that what you're saying? A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Page 335 Page 335 Page 335 Q. If you just look at the to/from line and the e-mail. Q. And who is Zaddem? A. I don't know. Q. Really my only question is if you look at that, you say: I reviewed the contract. Correct? A. Yes. Q. And then under item 17, the paragraph that starts with the words "item 17," the last sentence is: The value of the contract does not justify exclusive services. To Did I read that correctly? A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? Ethicon? MS. GERSTEL: Objection. Page 337 Q. If you just look at the to/from line and the e-mail. Q. And who is Zaddem; Caldem, yes. Q. And who is Zaddem? A. Yeah. I see the one with me to A. Yeal. I don't know. Correct? A. Yes. Q. And who is Zaddem? A. Yes. Q. And then under item 17, the paragraph that starts with the words "item 17," the last sentence is: The value of the contract does not justify exclusive services. To Did I read that correctly? A. Yes. Q. What was the value of this contract? Q. What was the value of this contract? MS. GERSTEL: Objection. A. The value of the contract had standard terms of just hourly rate for	24	· -	24	•
1was and at times they thought I wasn't.1Q. If you just look at the to/from2When I came to them with the slim sling2line and the e-mail.3design, they told me to get lost, so.4Zaddem, yes.4Q. Okay.4Zaddem, yes.5A. My opinions weren't very6A. I don't know.6Well-respected or received then.7Q. Really my only question is if7Q. So you were a key opinion leader8you look at that, you say: I reviewed the8them.9Correct?10Is that what you're saying?10Correct?11A. I don't have an answer for that.12Q. And then under item 17, the13Q. And it seems here that13paragraph that starts with the words "item14professional education and marketing were1417," the last sentence is: The value of15using you heavily.15the contract does not justify exclusive16Correct?16services.17A. That's what it reads.17Did I read that correctly?18A. Yes.19A. He's a urogynecologist in19Q. What was the value of this20Pennsylvania.20What was the value of the contract had21Q. Was he a key opinion leader for21MS. GERSTEL: Objection.22A. The value of the contract had23MS. GERSTEL: Objection.23standard terms of just hourly rate for		<u> </u>		Daga 227
When I came to them with the slim sling design, they told me to get lost, so. Q. Okay. A. My opinions weren't very well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? MS. GERSTEL: Objection. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were Touring you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Pennsylvania. When I came to them with the slim sling design, they told me to get lost, so. A. Yeah. I see the one with me to Zaddem, yes. Q. And who is Zaddem? A. I don't know. Q. Really my only question is if you look at that, you say: I reviewed the contract. Correct? A. Yes. Q. And then under item 17, the paragraph that starts with the words "item 17," the last sentence is: The value of the contract does not justify exclusive services. Did I read that correctly? A. Yes. Q. What was the value of this contract? Q. What was the value of this contract? A. The value of the contract had standard terms of just hourly rate for	1		1	_
design, they told me to get lost, so. Q. Okay. A. My opinions weren't very well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? MS. GERSTEL: Objection. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were suing you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Pennsylvania. MS. GERSTEL: Objection. A. The value of the contract had Standard terms of just hourly rate for MS. GERSTEL: Objection. A. The value of the contract had Standard terms of just hourly rate for		•	_	- •
4 Q. Okay. 5 A. My opinions weren't very 6 well-respected or received then. 7 Q. So you were a key opinion leader 8 for Ethicon when you were agreeing with 9 them. 10 Is that what you're saying? 11 MS. GERSTEL: Objection. 12 A. I don't have an answer for that. 13 Q. And it seems here that 14 professional education and marketing were 15 using you heavily. 16 Correct? 17 A. That's what it reads. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 24 Zaddem, yes. 5 Q. And who is Zaddem? 6 A. I don't know. 7 Q. Really my only question is if 8 you look at that, you say: I reviewed the 9 contract. 10 Correct? 11 A. Yes. 12 Q. And then under item 17, the 13 paragraph that starts with the words "item 14 17," the last sentence is: The value of 15 the contract does not justify exclusive services. 17 Did I read that correctly? 18 A. Yes. 19 Q. What was the value of this 19 Q. What was the value of this 20 contract? 21 MS. GERSTEL: Objection. 22 A. The value of the contract had 23 standard terms of just hourly rate for				
A. My opinions weren't very well-respected or received then. Q. So you were a key opinion leader for Ethicon when you were agreeing with them. Is that what you're saying? MS. GERSTEL: Objection. A. I don't know. Q. Really my only question is if you look at that, you say: I reviewed the contract. Correct? MS. GERSTEL: Objection. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? MS. GERSTEL: Objection. So Q. And who is Zaddem? A. I don't know. Q. Really my only question is if you look at that, you say: I reviewed the contract. Correct? A. Yes. 12 Q. And then under item 17, the paragraph that starts with the words "item 14 17," the last sentence is: The value of the contract does not justify exclusive services. Did I read that correctly? A. Yes. Q. What was the value of this contract? Q. What was the value of this contract? MS. GERSTEL: Objection. A. The value of the contract had standard terms of just hourly rate for			4	
6 well-respected or received then. 7 Q. So you were a key opinion leader 8 for Ethicon when you were agreeing with 9 them. 10 Is that what you're saying? 11 MS. GERSTEL: Objection. 12 A. I don't have an answer for that. 13 Q. And it seems here that 14 professional education and marketing were 15 using you heavily. 16 Correct? 17 A. That's what it reads. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 6 A. I don't know. 7 Q. Really my only question is if 8 you look at that, you say: I reviewed the contract. 10 Correct? 11 A. Yes. 12 Q. And then under item 17, the 13 paragraph that starts with the words "item 14 17," the last sentence is: The value of 15 the contract does not justify exclusive 16 services. 17 Did I read that correctly? 18 A. Yes. 19 Q. What was the value of this 20 contract? 21 MS. GERSTEL: Objection. 22 A. The value of the contract had 23 standard terms of just hourly rate for	5	= · · · · · · · · · · · · · · · · · · ·	5	
7 Q. So you were a key opinion leader 8 for Ethicon when you were agreeing with 9 them. 10 Is that what you're saying? 11 MS. GERSTEL: Objection. 12 A. I don't have an answer for that. 13 Q. And it seems here that 14 professional education and marketing were 15 using you heavily. 16 Correct? 17 A. That's what it reads. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 26 Correct agreeing with 8 you look at that, you say: I reviewed the 9 contract. 10 Correct? 11 A. Yes. 12 Q. And then under item 17, the 13 paragraph that starts with the words "item 14 17," the last sentence is: The value of 15 the contract does not justify exclusive 16 services. 17 Did I read that correctly? 18 A. Yes. 19 Q. What was the value of this 19 Contract? 20 Contract? 21 MS. GERSTEL: Objection. 22 A. The value of the contract had 23 standard terms of just hourly rate for	6	· · · · · · · · · · · · · · · · · · ·	-	
8 for Ethicon when you were agreeing with 9 them. 10 Is that what you're saying? 11 MS. GERSTEL: Objection. 12 A. I don't have an answer for that. 13 Q. And it seems here that 14 professional education and marketing were 15 using you heavily. 16 Correct? 17 A. That's what it reads. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 26 Correct and marketing with pontract. 27 Correct? 28 You look at that, you say: I reviewed the contract. 29 Correct? 20 Correct? 21 A. Yes. 21 Q. And then under item 17, the paragraph that starts with the words "item 14 17," the last sentence is: The value of the contract does not justify exclusive services. 29 Pontsylvania. 20 What was the value of this contract? 20 MS. GERSTEL: Objection. 21 MS. GERSTEL: Objection. 22 A. The value of the contract had standard terms of just hourly rate for		•		
9 them. 10 Is that what you're saying? 11 MS. GERSTEL: Objection. 12 A. I don't have an answer for that. 13 Q. And it seems here that 14 professional education and marketing were 15 using you heavily. 16 Correct? 17 A. That's what it reads. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. And then under item 17, the 22 paragraph that starts with the words "item 14 17," the last sentence is: The value of 15 the contract does not justify exclusive 16 services. 17 Did I read that correctly? 18 A. Yes. 19 Q. What was the value of this 20 contract? 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 24 A. The value of the contract had 25 standard terms of just hourly rate for				
Is that what you're saying? MS. GERSTEL: Objection. A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? Correct? 10		• • • • • •		
MS. GERSTEL: Objection. 11				
A. I don't have an answer for that. Q. And it seems here that professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? Q. And then under item 17, the paragraph that starts with the words "item 17, "the last sentence is: The value of the contract does not justify exclusive services. 17 Did I read that correctly? 18 A. Yes. 19 Q. What was the value of this contract? 20 Contract? 21 MS. GERSTEL: Objection. 22 A. The value of the contract had 23 standard terms of just hourly rate for		• • • •		
Q. And it seems here that 13 paragraph that starts with the words "item 14 professional education and marketing were 15 using you heavily. 16 Correct? 17 A. That's what it reads. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 24 And then thater them 17, the 25 paragraph that starts with the words "item 16 the contract does not justify exclusive 17 bid I read that correctly? 18 A. Yes. 19 Q. What was the value of this 20 contract? 21 MS. GERSTEL: Objection. 22 A. The value of the contract had 23 standard terms of just hourly rate for		<u> </u>		
professional education and marketing were using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? Light professional education and marketing were using you heavily. 14 17," the last sentence is: The value of the contract does not justify exclusive services. 15 services. 16 Did I read that correctly? A. Yes. 19 Q. What was the value of this contract? 20 contract? 21 MS. GERSTEL: Objection. 22 A. The value of the contract had 23 standard terms of just hourly rate for				
 using you heavily. Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? MS. GERSTEL: Objection. the contract does not justify exclusive services. Did I read that correctly? A. Yes. Q. What was the value of this contract? MS. GERSTEL: Objection. A. The value of the contract had standard terms of just hourly rate for 				1 0 1
Correct? A. That's what it reads. Q. Who is Dr. Vincent Lucente? A. He's a urogynecologist in Pennsylvania. Q. Was he a key opinion leader for Ethicon? MS. GERSTEL: Objection. Lic contract does not justify exclusive services. Did I read that correctly? A. Yes. Q. What was the value of this contract? MS. GERSTEL: Objection. Lic contract does not justify exclusive services. The value of that correctly? MS. GERSTEL: Objection.				
17 A. That's what it reads. 18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 26 Did I read that correctly? 27 Q. What was the value of this 28 Contract? 29 MS. GERSTEL: Objection. 20 Contract? 21 MS. GERSTEL: Objection. 22 A. The value of the contract had 23 Standard terms of just hourly rate for				
18 Q. Who is Dr. Vincent Lucente? 19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 24 Did Tread that concerny? 26 Q. What was the value of this 27 contract? 28 MS. GERSTEL: Objection. 29 A. The value of the contract had 20 can are the contract had 21 Standard terms of just hourly rate for				
19 A. He's a urogynecologist in 20 Pennsylvania. 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 24 MS. GERSTEL: Objection. 25 Standard terms of just hourly rate for				· · · · · · · · · · · · · · · · · · ·
Pennsylvania. 20 Contract? 21 Q. Was he a key opinion leader for 22 Ethicon? 23 MS. GERSTEL: Objection. 24 MS. GERSTEL: Objection. 25 Standard terms of just hourly rate for				
Q. Was he a key opinion leader for 21 MS. GERSTEL: Objection. 22 Ethicon? 22 A. The value of the contract had 23 standard terms of just hourly rate for		<u>.</u>		
22 Ethicon? 23 MS. GERSTEL: Objection. 22 A. The value of the contract had 23 standard terms of just hourly rate for		· · · · · · · · · · · · · · · · · · ·		
MS. GERSTEL: Objection. A. The value of the contract had 23 standard terms of just hourly rate for				· · · · · · · · · · · · · · · · · · ·
Standard terms of just nourly rate for				
A. I guess he was.		· ·		· · · · · · · · · · · · · · · · · · ·
	4	A. I guess he was.	24	for work done. It entire set this

Page 338 ¹ entire conversation is about what we were

- eluding to before insofar as I do
- consulting with other companies on
- incontinence and prolapse. The way that
- they had the contract written, I wouldn't
- be able to work with anyone else on
- incontinence and prolapse. So what I was
- telling them was that you need to, as you
- have in the previous one where it says the
- 10 contract must be limited to anchoring
- devices for prolapse, something specific
- 12 that we're working on that makes it
- 13 specific to what I'm doing for Ethicon,
- because I couldn't sign the contract
- because it made it so I couldn't work with
- ¹⁶ anyone else. It wasn't like I was being
- 17 offered \$40,000 or some big sum to have an
- 18 exclusivity arrangement.

19 What I meant by exclusive services meaning exclusive of other companies. That's just a standard

contract. Didn't work.

So, you know, I remember this freshly now.

Page 339

We went back and forth, back and forth. And they said, Everyone just signs

- these. I said, Well, maybe everyone
- doesn't read it. If your contract says I
- can't work with anyone else, then I won't
- work with anyone else. So if you want me
- to look at these anchoring devices, which
- is what they wanted me to do, then make
- the language for the anchoring device, but
- don't make it to cover that you can't work
- on anyone else for anything else that you
- 12 do.

13

15

20

21

23

1

So really it was just the

wording of their contract meant that I

could work with anyone on incontinence and

prolapse, and I was asking them to make a 16

17 contract that was just specific to what

18 they wanted me to look at, which was an

19 anchoring device.

> Q. And these amounts you're being paid for consulting work, that's above and

22 beyond what you're being paid as a

- 23 physician. 24
 - True?

A. Yes. With the only

clarification to make when we went to

the -- when we were doing the study, the

study payments are a hundred percent paid

to the hospital research fund, and there's

no compensation part out of that for me.

O. Okay.

And what amount would have justified exclusivity?

A. I actually -- it's -- I wouldn't

do that. I think with -- you've just gone through a whole bunch of papers showing

that I've worked with a lot of different

companies on consulting arrangements, and

what I'll tell you is that when I have an

idea and I find the person I can work with

on it, I go there. So it's not a matter

of trying to just make money off of

everyone. There's different opportunities

at different times with different

companies are ready for different ideas. 22

So -- so, I never considered an exclusive agreement with anyone, which is

why I contested the wording in the

Page 341

Page 340

contract.

11

12

13

16

17

18

Q. Everything we've gone through, I mean, you've been paid over half a million dollars as on behalf of the transvaginal mesh world, if you will.

Right?

MS. GERSTEL: Objection.

BY MR. DeGREEFF:

O. The manufacturers?

10 MS. GERSTEL: Objection.

MR. DeGREEFF: Strike that.

I'll reword that.

Q. Based on everything we've been through, you've been paid over a half million dollars by transvaginal mesh manufacturers.

True?

MS. GERSTEL: Objection.

19 A. I don't know if that's accurate.

It's definitely in the hundreds of

thousands. I don't know how many it is.

I would have to be -- I don't know how

- many occasions I saw each of these
- - Gynecare contracts. I don't have the

	Lawrence	ייי	.ia, M.D.
	Page 342		Page 344
1	listed payments for. There's a lot of	1	maximum over the life of this contract?
2	years of contracts, and I'm not sure how	2	A. That's what it says.
3	frequent those were.	3	Q. And that's the estimate,
4	Q. Well, when you add in what	4	obviously.
5	you've been paid as an expert witness,	5	A. Yes.
6	it's pretty clear you've been paid over a	6	Q. And then it says: The parties
7	half million dollars by the transvaginal	7	agree that compensation paid to consultant
8	mesh industry.	8	shall not exceed \$52,500 per contract
9	Right?	9	term.
10	MS. GERSTEL: Objection.	10	A. Right.
11	A. You may have been adding those.	11	Q. Did I read that correctly?
12	Somewhere between 300 and 600 I would	12	A. Yes.
13	agree with somewhere in there. I just	13	Q. And the contract term was a
14	don't want to agree to a number that I	14	little over a year.
15	haven't quantified with a little more	15	Is that right?
16	conviction.	16	A. Yes.
17	MR. DeGREEFF: I've handed you	17	Q. Were you paid this full \$52,500?
18	what's been marked as Deposition	18	A. I would strongly doubt that in
19	Exhibit 18.	19	2010.
20	(Lind Exhibit 18, Master	20	Q. If you could look at the next
21	Consulting Agreement between Lawrence	21	page. I guess they were authorizing you
22	Lind and Ethicon, Inc. Dated July 10,	22	to be paid 52,500 for the year under this
23	2010, Bates No. ETH.MESH.06216861 to	23	contract.
24	06216869, was marked for	24	Right?
-	Page 242		Paga 245
1	Page 343	1	Page 345
1 2	identification, as of this date.)	1 2	A. They were offering that to be a
2	identification, as of this date.) BY MR. DeGREEFF:	2	A. They were offering that to be a max based on the hourly fee.
2 3	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a	3	A. They were offering that to be a max based on the hourly fee.Q. If you look at Exhibit B, this
3 4	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you	2 3 4	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest
2 3 4 5	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon?	2 3 4 5	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"?
2 3 4 5 6	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right.	2 3 4 5 6	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah.
2 3 4 5 6 7	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th	2 3 4 5 6 7	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is
2 3 4 5 6 7 8	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of	2 3 4 5 6	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you.
2 3 4 5 6 7	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st	2 3 4 5 6 7 8	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct?
2 3 4 5 6 7 8	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011?	2 3 4 5 6 7 8	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this.
2 3 4 5 6 7 8 9	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right.	2 3 4 5 6 7 8 9	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give
2 3 4 5 6 7 8 9 10	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at	2 3 4 5 6 7 8 9 10	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one.
2 3 4 5 6 7 8 9 10 11 12 13	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the	2 3 4 5 6 7 8 9 10 11	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you
2 3 4 5 6 7 8 9 10 11	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom.	2 3 4 5 6 7 8 9 10 11 12 13	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition
2 3 4 5 6 7 8 9 10 11 12 13	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom. A. Okay.	2 3 4 5 6 7 8 9 10 11 12 13	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition Exhibit 19.
2 3 4 5 6 7 8 9 10 11 12 13 14	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom. A. Okay. Q. This talks about the fact that	2 3 4 5 6 7 8 9 10 11 12 13 14	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition Exhibit 19. (Lind Exhibit 19, Master
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom. A. Okay. Q. This talks about the fact that you're being retained, the box where it	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition Exhibit 19. (Lind Exhibit 19, Master Consulting Agreement between Lawrence
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom. A. Okay. Q. This talks about the fact that you're being retained, the box where it says yes, you're being retained at a rate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition Exhibit 19. (Lind Exhibit 19, Master Consulting Agreement between Lawrence Lind and Ethicon, Inc. Dated August
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom. A. Okay. Q. This talks about the fact that you're being retained, the box where it says yes, you're being retained at a rate of \$437.50 per hour.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition Exhibit 19. (Lind Exhibit 19, Master Consulting Agreement between Lawrence Lind and Ethicon, Inc. Dated August 31, 2010, Bates No. ETH.MESH.02030557
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom. A. Okay. Q. This talks about the fact that you're being retained, the box where it says yes, you're being retained at a rate of \$437.50 per hour. Correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition Exhibit 19. (Lind Exhibit 19, Master Consulting Agreement between Lawrence Lind and Ethicon, Inc. Dated August 31, 2010, Bates No. ETH.MESH.02030557 to 02030566, was marked for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom. A. Okay. Q. This talks about the fact that you're being retained, the box where it says yes, you're being retained at a rate of \$437.50 per hour. Correct? A. That's what it says.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition Exhibit 19. (Lind Exhibit 19, Master Consulting Agreement between Lawrence Lind and Ethicon, Inc. Dated August 31, 2010, Bates No. ETH.MESH.02030557 to 02030566, was marked for identification, as of this date.)
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom. A. Okay. Q. This talks about the fact that you're being retained, the box where it says yes, you're being retained at a rate of \$437.50 per hour. Correct? A. That's what it says. Q. And it lays out the description	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition Exhibit 19. (Lind Exhibit 19, Master Consulting Agreement between Lawrence Lind and Ethicon, Inc. Dated August 31, 2010, Bates No. ETH.MESH.02030557 to 02030566, was marked for identification, as of this date.) BY MR. DeGREEFF:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	identification, as of this date.) BY MR. DeGREEFF: Q. Sir, do you see that this is a master consulting agreement between you and Ethicon? A. Right. Q. And it's dated July 10th well, it says it commences July 10th of 2010 and continues through December 31st of 2011? A. Right. Q. My question is if you look at where it's Bates numbered '868 at the bottom. A. Okay. Q. This talks about the fact that you're being retained, the box where it says yes, you're being retained at a rate of \$437.50 per hour. Correct? A. That's what it says.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. They were offering that to be a max based on the hourly fee. Q. If you look at Exhibit B, this is titled "Conflict of Interest Certification"? A. Yeah. Q. And it states, and this is supposed to be from you. Correct? MR. DeGREEFF: Let's do this. This one is unsigned. So let's give you this one. Sir, I'm going to hand you what's been marked as Deposition Exhibit 19. (Lind Exhibit 19, Master Consulting Agreement between Lawrence Lind and Ethicon, Inc. Dated August 31, 2010, Bates No. ETH.MESH.02030557 to 02030566, was marked for identification, as of this date.)

	Lawrence		
	Page 346		Page 348
1	and Ethicon.	1	and industry may create conflicts of
2	Correct?	2	interest, both real and perceived.
3	A. Right.	3	Did I read that correctly?
4	Q. And it's dated it says it	4	A. Yes.
5	commences August 31st of 2010 and	5	Q. This is essentially Ethicon
6	continues through December 31st of 2011.	6	acknowledging that payments to physicians,
7	Right?	7	such as
8	A. Yeah. This is kind of confusing	8	MR. DeGREEFF: Strike that.
9	that they have like fresh contracts every	9	Q. This is Ethicon acknowledging
10	month.	10	that payments to physicians can create
11	But be that as it may.	11	conflicts of interest.
12	Q. Right.	12	Right?
13	And this contract is signed by	13	MS. GERSTEL: Objection.
14	you.	14	A. Got it.
15	Correct? Bates number '562.	15	Q. Is that correct?
16	A. Yes.	16	MS. GERSTEL: Objection.
17	Q. Then if you look at Bates number	17	A. Which sentence are you reading
18	'564, this has the same language about	18	again?
19	payment to you.	19	Q. Where it states: The
20	Correct?	20	undersigned health care professional
21	MS. GERSTEL: Objection.	21	agrees that financial ties between the
22	A. Right.	22	health care professional and industry may
23	Q. Again you're being paid \$437.50	23	create conflicts of interest, both real
24	an hour?	24	and perceived.
	Page 347		Page 349
1	Page 347 A. Yep.	1	A. Okay, Lagree, Lagree that's
1 2	A. Yep.	1 2	A. Okay. I agree. I agree that's
	A. Yep.Q. And you've got another maximum		A. Okay. I agree. I agree that's what it says.
2	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term?	2	A. Okay. I agree. I agree that's what it says.Q. And is this essentially Ethicon
2 3	A. Yep.Q. And you've got another maximum cap of \$52,500 per contract term?A. Correct.	2	A. Okay. I agree. I agree that's what it says.Q. And is this essentially Ethicon acknowledging that payments to physicians
2 3 4	 A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a 	2 3 4	A. Okay. I agree. I agree that's what it says.Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest?
2 3 4 5	 A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? 	2 3 4 5	 A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection.
2 3 4 5 6	 A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. 	2 3 4 5 6	 A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts
2 3 4 5 6 7	 A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? 	2 3 4 5 6 7	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes.
2 3 4 5 6 7 8	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes.	2 3 4 5 6 7 8	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been
2 3 4 5 6 7 8	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next	2 3 4 5 6 7 8	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the
2 3 4 5 6 7 8 9	 A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled 	2 3 4 5 6 7 8 9	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry.
2 3 4 5 6 7 8 9 10	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next	2 3 4 5 6 7 8 9 10	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right?
2 3 4 5 6 7 8 9 10 11	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct?	2 3 4 5 6 7 8 9 10 11	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection.
2 3 4 5 6 7 8 9 10 11 12 13	 A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct? A. Right. 	2 3 4 5 6 7 8 9 10 11 12 13	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would
2 3 4 5 6 7 8 9 10 11 12 13	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct?	2 3 4 5 6 7 8 9 10 11 12 13	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would be in that range.
2 3 4 5 6 7 8 9 10 11 12 13 14	 A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct? A. Right. Q. And that is signed by you? A. Yes. 	2 3 4 5 6 7 8 9 10 11 12 13 14	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would be in that range. Q. And you've been a consultant for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct? A. Right. Q. And that is signed by you? A. Yes. Q. And that includes language that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would be in that range. Q. And you've been a consultant for four transvaginal mesh companies.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct? A. Right. Q. And that is signed by you? A. Yes. Q. And that includes language that states: In assuming contractual	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would be in that range. Q. And you've been a consultant for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct? A. Right. Q. And that is signed by you? A. Yes. Q. And that includes language that states: In assuming contractual obligations to Ethicon Inc., the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would be in that range. Q. And you've been a consultant for four transvaginal mesh companies. Right? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct? A. Right. Q. And that is signed by you? A. Yes. Q. And that includes language that states: In assuming contractual obligations to Ethicon Inc., the undersigned health care professional.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would be in that range. Q. And you've been a consultant for four transvaginal mesh companies. Right? A. Yes. Q. You've been a consultant for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct? A. Right. Q. And that is signed by you? A. Yes. Q. And that includes language that states: In assuming contractual obligations to Ethicon Inc., the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would be in that range. Q. And you've been a consultant for four transvaginal mesh companies. Right? A. Yes. Q. You've been a consultant for Ethicon.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct? A. Right. Q. And that is signed by you? A. Yes. Q. And that includes language that states: In assuming contractual obligations to Ethicon Inc., the undersigned health care professional. That's you, right? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would be in that range. Q. And you've been a consultant for four transvaginal mesh companies. Right? A. Yes. Q. You've been a consultant for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yep. Q. And you've got another maximum cap of \$52,500 per contract term? A. Correct. Q. Again, that contract term is a little over a year? A. Okay. Q. Is that correct? A. Yes. Q. Then if you look at the next page, it's got an Exhibit B titled "Conflict of Interest Certification." Correct? A. Right. Q. And that is signed by you? A. Yes. Q. And that includes language that states: In assuming contractual obligations to Ethicon Inc., the undersigned health care professional. That's you, right? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Okay. I agree. I agree that's what it says. Q. And is this essentially Ethicon acknowledging that payments to physicians can create conflicts of interest? MS. GERSTEL: Objection. A. That they may create conflicts of interest, yes. Q. We just talked about you've been paid between 300 and 600,000 by the transvaginal mesh industry. Right? MS. GERSTEL: Objection. A. By estimates, it seems it would be in that range. Q. And you've been a consultant for four transvaginal mesh companies. Right? A. Yes. Q. You've been a consultant for Ethicon. Right? True?

	Lawrence		•
	Page 350		Page 352
1	A. Yes.	1	MS. GERSTEL: Objection; lack of
2	Q. Boston Scientific?	2	foundation.
3	A. Yes.	3	A. I would be conjecturing. I
4	Q. AMS?	4	don't have factual knowledge.
5	A. Yes.	5	Is there a question on this?
6	Q. And you've been referred to as a	6	Q. We had several questions on it.
7	key opinion leader for Ethicon products by	7	A. Okay.
8	internal Ethicon employees.	8	MR. DeGREEFF: Last I want to
9	Right?	9	show you Deposition Exhibit 20. I so
10	A. Yes.	10	marked that.
11	Q. And you've been referred to as	11	(Lind Exhibit 20, EWHU HCP
12	having a marketing contract with Ethicon	12	Cognos report run 11/17/10, was marked
13	by Ethicon employees.	13	for identification, as of this date.)
14	Right?	14	BY MR. DeGREEFF:
15	A. Referred to, yes.	15	Q. If you look at the second page,
16	Q. And we've looked at multiple	16	you'll find your name towards the bottom.
17	consulting agreements that you've signed	17	A. Okay.
18	with Ethicon.	18	Q. This shows two separate this
19	True?	19	reflects the two separate contracts of
20	A. Yes.	20	52,500.
21	Q. And you've signed a conflict of	21	Correct?
22	interest statement from Ethicon based on	22	A. Right.
23	the fact that payments to health care	23	Q. For a total of 105,000?
24	providers can create conflicts of	24	A. Right.
	Page 351		Page 353
1	interest, both real and perceived.	1	Q. So you had been authorized by
2	Right?		
		2	Ethicon for up to \$105,000 of payment for
3	=	3	Ethicon for up to \$105,000 of payment for
3 4	A. Correct.	3	a little over a year.
4	A. Correct.Q. Despite all of that, you were		a little over a year. Right?
4 5	A. Correct.Q. Despite all of that, you were ultimately hired by Ethicon to act as a	3 4	a little over a year. Right? MS. GERSTEL: Objection.
4	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation.	3 4 5	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The
4 5 6 7	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right?	3 4 5 6 7	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that
4 5 6 7 8	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection.	3 4 5 6 7 8	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the
4 5 6 7	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite	3 4 5 6 7	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received.
4 5 6 7 8 9	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in	3 4 5 6 7 8	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question.
4 5 6 7 8 9	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now.	3 4 5 6 7 8 9	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon
4 5 6 7 8 9 10	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing	3 4 5 6 7 8 9 10	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one
4 5 6 7 8 9 10 11 12 13	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how	3 4 5 6 7 8 9 10 11	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year.
4 5 6 7 8 9 10 11 12	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question.	3 4 5 6 7 8 9 10 11 12 13	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right?
4 5 6 7 8 9 10 11 12 13	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question. Q. You've now been hired by Ethicon	3 4 5 6 7 8 9 10 11 12 13	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right? MS. GERSTEL: Objection.
4 5 6 7 8 9 10 11 12 13 14	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question. Q. You've now been hired by Ethicon to serve as an expert in this transvaginal	3 4 5 6 7 8 9 10 11 12 13 14 15	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right? MS. GERSTEL: Objection. A. If I worked \$437 an hour to get
4 5 6 7 8 9 10 11 12 13 14 15 16	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question. Q. You've now been hired by Ethicon to serve as an expert in this transvaginal mesh litigation.	3 4 5 6 7 8 9 10 11 12 13 14 15 16	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right? MS. GERSTEL: Objection. A. If I worked \$437 an hour to get to \$105,000.
4 5 6 7 8 9 10 11 12 13 14 15 16	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question. Q. You've now been hired by Ethicon to serve as an expert in this transvaginal mesh litigation. Right?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right? MS. GERSTEL: Objection. A. If I worked \$437 an hour to get to \$105,000. Q. Okay.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question. Q. You've now been hired by Ethicon to serve as an expert in this transvaginal mesh litigation. Right? A. Yes.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right? MS. GERSTEL: Objection. A. If I worked \$437 an hour to get to \$105,000. Q. Okay. Or if they wanted pay you \$3,000
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question. Q. You've now been hired by Ethicon to serve as an expert in this transvaginal mesh litigation. Right? A. Yes. Q. And do you have any understanding	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right? MS. GERSTEL: Objection. A. If I worked \$437 an hour to get to \$105,000. Q. Okay. Or if they wanted pay you \$3,000 to show up to a lecture.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question. Q. You've now been hired by Ethicon to serve as an expert in this transvaginal mesh litigation. Right? A. Yes. Q. And do you have any understanding of why Ethicon did not get a physician who	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right? MS. GERSTEL: Objection. A. If I worked \$437 an hour to get to \$105,000. Q. Okay. Or if they wanted pay you \$3,000 to show up to a lecture. Right?
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question. Q. You've now been hired by Ethicon to serve as an expert in this transvaginal mesh litigation. Right? A. Yes. Q. And do you have any understanding of why Ethicon did not get a physician who did not have a consulting agreement with	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right? MS. GERSTEL: Objection. A. If I worked \$437 an hour to get to \$105,000. Q. Okay. Or if they wanted pay you \$3,000 to show up to a lecture. Right? MS. GERSTEL: Objection.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Correct. Q. Despite all of that, you were ultimately hired by Ethicon to act as a expert in this litigation. Right? MS. GERSTEL: Objection. A. I'm not sure why it's despite this. But I was hired by Ethicon to be in this role that I am now. I'm not sure how your one thing with the word "despite," I'm not sure how that fits into the question. Q. You've now been hired by Ethicon to serve as an expert in this transvaginal mesh litigation. Right? A. Yes. Q. And do you have any understanding of why Ethicon did not get a physician who	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	a little over a year. Right? MS. GERSTEL: Objection. A. I think this is misleading. The maximal allowed in the contract was that amount, and this reflects nothing in the way of what I actually received. Q. That wasn't my question. You were authorized by Ethicon for up to \$105,000 worth of payment in one year. Right? MS. GERSTEL: Objection. A. If I worked \$437 an hour to get to \$105,000. Q. Okay. Or if they wanted pay you \$3,000 to show up to a lecture. Right?

11

17

23

5

15

16

17

18

19

21

22

23

24

Page 354 Why was there two different

agreements? Did you use all of one of 3 them?

1

4

10

11 12

14

15

16

17

18

19

4

9

13

14

15

16

17

24

MS. GERSTEL: Objection.

5 A. It looks to me like on the first one I hadn't signed the institutional compliance that I -- that my working for them did not violate institutional compliance for doing consulting work.

So one of them had a signature and one of them did not. So I think they sent a whole new contract to have me sign that last page, is what I -- it looks like to me from the two.

Q. Why does this spreadsheet reflect that you had two separate --

MS. GERSTEL: Objection.

A. Well, we looked at two separate ones, and you'll see one of them the last page is not signed and one of them the page is signed. So they made two ²² contracts for that amount. I'm guessing that the first one they considered to be

legally not binding because I didn't sign

Page 356

randomized controlled trial specifically addressing the TVT-O?

A. TVT-O has in the range of 40 to 50 randomized trials. I'd have to go through them to figure out how far the long-term is.

Q. What about a single randomized control trial specifically addressing the TVT-O with safety as the primary endpoint? MS. GERSTEL: Objection.

A. Safety is a primary endpoint in many of the randomized controlled studies. Whether they listed efficacy first and safety as second, I would have to go through each report, but safety was reported in a very large number of them.

I will agree that in some of them the adverse events data was not accurately reported, which is why we rely on Cochrane and excellent meta-analysis so that they include studies that have the data we need.

Q. What is your definition of primary endpoint? Because I think it may

Page 357

Page 355

that required field, and they made another one and it's showing up on here because

3 two contracts were drawn.

But it's -- it's line items on a spreadsheet. I can't account for them. I can -- I am 1,000 percent sure I didn't come anywhere close to this kind of money from 2010 on with Ethicon.

Q. That assumption is based on -what you just said requires us to assume that we have received all of the documents that we would need to show the signing of that contract.

Correct?

MS. GERSTEL: Objection.

A. Yeah, I agree. We don't right now between us have the accounting accurate payroll of what was paid. But just knowing what I was doing with time in ²⁰ 2010 onward, I feel fairly confident, but ²¹ I don't have your objective proof, that I ²² came nowhere near that, but I am very confident of that.

Q. Is there a single long-term

be different than mine.

A. Primary endpoint is the first and -- first priority end point result you're looking for in a study.

Q. Right.

And you think there's a single long-term randomized study out there with safety as the primary endpoint on the TVT-O product?

10 A. I don't think it's as a primary endpoint because it's pretty traditional to do efficacy and then safety. But a second endpoint doesn't diminish its value, statistical value.

Q. So the answer to my question as asked is "no."

Right?

MS. GERSTEL: Objection.

A. I would have to look through all the randomized studies to do that. I don't know that offhand.

Certainly most of them don't have it as the primary.

Q. What about is there a single

Document 8654-6 Filed 08/29/19 Page 92 of 97 PageID #: 208056 Lawrence Lind, M.D. Page 358 Page 360 ¹ randomized controlled trial with safety as ¹ head, I would have to find the document. the primary endpoint that specifically I think it was determined that they felt it would not be a significant difference. addresses the TVT-Abbrevo? MS. GERSTEL: Objection. Q. Are you talking about testing or 5 A. I think your primary endpoint is a study? a -- from the challenging the data on this 6 MS. GERSTEL: Objection. as a primary endpoint is on the verge of A. Mechanical testing. 8 incredible. Q. I'm talking about a study. 9 9 Ethicon's never done a study MR. DeGREEFF: Okay. I 10 appreciate your thoughts on that. I 10 where the primary endpoint is to determine 11 really do. And I'll move to strike whether or not laser-cut mesh is stiffer 12 12 it. But I do want an answer to my and less safe than mechanical-cut mesh. 13 13 question. Correct? 14 14 A. I would have to review each of MS. GERSTEL: Objection. 15 15 them to see which ones have primary A. A study in humans? 16 endpoints. I don't know off the top of my What type of study. head if they have primary endpoints. So I 17 Q. Any kind of study. don't know the answer to that question. 18 A. Well, a lab is a study. Q. Well, lab's a benchtop, right? 19 19 Q. And then same question for 20 A. A study is when you investigate 20 TVT-Exact. 21 Is there a single long-term to find answers. It doesn't matter what randomized controlled trial with safety as location it's in, whether it's a lab or in the primary endpoint specifically a human. It can be a study. 24 addressing the TVT-Exact? Q. I think you and I define a study Page 359 Page 361 different. 1 A. That one I think I could tell you is no. You're talking about benchtop 3 Q. Is there a single long-term testing. randomized controlled study with safety as 4 Right? the primary endpoint that looks at the A. I'm talking about comparing properties. You compare one thing against 6 TVT? 7 another is the definition of a study. MS. GERSTEL: Objection. 8 A. I'd have to look at the -- each Q. So anything that's ever done at randomized study. I can't answer that off Ethicon is a study, even if they're just 10 the top of my head. 10 doing it on a bench? 11 11 Q. There's not one you could think MS. GERSTEL: Objection. 12 of? 12 A. Well, if we're just chatting 13 13 about the study, it's not a study. A. Not off the top of my head. Q. Ethicon has never done a study If they have two products and with the primary endpoint was to determine 15 they're comparing how it behaves in where or not laser-cut mesh is stiffer or different circumstances, that's a study. 16 16 17 17 safer than mechanical-cut mesh. Q. So, I guess can you answer my 18 18 Right? question or not? 19 MS. GERSTEL: Objection. 19 And my question is Ethicon has 20 A. I seem to recall there being never done a study where the primary

23

24

I can't recall all the details on it, but

²³ I think they did study the properties. If

I recall, and again it's off the top of my

some internal study of the laser-cut mesh.

21

endpoint is to determine whether or not

MS. GERSTEL: Objection.

laser-cut mesh is stiffer and less safe

than mechanical-cut mesh?

	Lawrence .		•
	Page 362		Page 364
1	BY MR. DeGREEFF:	1	A. Yes.
2	Q. True?	2	Q. And, doctor, you were asked some
3	MS. GERSTEL: Asked and	3	questions regarding Abbrevo being a
4	answered.	4	shorter sling than TVT-O and TVT-Exact.
5	A. If I'm recalling correctly, and	5	Do you recall that?
6	I cannot put my reputation on it, I think	6	A. Yes.
7	the bench work study that they did looked	7	Q. Is it correct that even though
8	at stiffness, but they couldn't, by that	8	Abbrevo is not as long as a TVT-Exact or a
9	study, evaluate safety.	9	TVT-O or a retropubic TVT that it is not a
10	Q. We talked earlier about the	10	<u> -</u>
11		11	mini sling?
12	Ethicon employees' e-mails about concerns	12	MR. DeGREEFF: Object to form.
	about the outcomes related to stiffness of		A. I agree with that.
13	the mesh.	13	MR. DeGREEFF: You want to just
14	Right?	14	give me an ongoing objection to
15	MS. GERSTEL: Objection.	15	leading?
16	A. We had that discussion, I do	16	MS. GERSTEL: Yes. Although I
17	recall.	17	disagree that was leading.
18	MR. DeGREEFF: I'm good. We can	18	MR. DeGREEFF: Well, you can't
19	be done.	19	testify for him.
20	MS. GERSTEL: I have like five	20	MS. GERSTEL: I'm not testifying
21	minutes.	21	for him.
22	Do you want to take a break, or	22	MR. DeGREEFF: That's what
23	should I just start?	23	you're doing right now.
24	MR. DeGREEFF: Go for it.	24	MS. GERSTEL: I am not
	Page 363		Page 365
1	Page 363	1	Page 365
1 2	MS. GERSTEL: I know we're all	1 2	testifying for him. I asked him
2	MS. GERSTEL: I know we're all running on fumes.	2	testifying for him. I asked him MR. DeGREEFF: I'll just keep
2 3	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY	2	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine.
2 3 4	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL:	2 3 4	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL:
2 3 4 5	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some	2 3 4 5	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some
2 3 4 5 6	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston	2 3 4 5 6	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience
2 3 4 5 6 7	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in	2 3 4 5 6 7	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O,
2 3 4 5 6 7 8	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing.	2 3 4 5 6 7 8	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo.
2 3 4 5 6 7	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in	2 3 4 5 6 7	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O,
2 3 4 5 6 7 8	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing.	2 3 4 5 6 7 8	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo.
2 3 4 5 6 7 8	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct?	2 3 4 5 6 7 8	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct?
2 3 4 5 6 7 8 9	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes.	2 3 4 5 6 7 8 9	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes.
2 3 4 5 6 7 8 9 10	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that	2 3 4 5 6 7 8 9 10	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with
2 3 4 5 6 7 8 9 10 11 12	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit	2 3 4 5 6 7 8 9 10 11	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact
2 3 4 5 6 7 8 9 10 11 12 13	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold	2 3 4 5 6 7 8 9 10 11 12 13	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as
2 3 4 5 6 7 8 9 10 11 12 13	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold standard?	2 3 4 5 6 7 8 9 10 11 12 13	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as to the safety and efficacy of those
2 3 4 5 6 7 8 9 10 11 12 13 14	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold standard? MR. DeGREEFF: I'm going to	2 3 4 5 6 7 8 9 10 11 12 13 14	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as to the safety and efficacy of those products as based on the highest levels of medical literature?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold standard? MR. DeGREEFF: I'm going to object to form. BY MS. GERSTEL:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as to the safety and efficacy of those products as based on the highest levels of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold standard? MR. DeGREEFF: I'm going to object to form. BY MS. GERSTEL: Q. For surgical treatment of stress	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as to the safety and efficacy of those products as based on the highest levels of medical literature? MR. DeGREEFF: Object to form. A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold standard? MR. DeGREEFF: I'm going to object to form. BY MS. GERSTEL:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as to the safety and efficacy of those products as based on the highest levels of medical literature? MR. DeGREEFF: Object to form. A. Yes. Q. Doctor, you were asked some
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold standard? MR. DeGREEFF: I'm going to object to form. BY MS. GERSTEL: Q. For surgical treatment of stress urinary incontinence in women? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as to the safety and efficacy of those products as based on the highest levels of medical literature? MR. DeGREEFF: Object to form. A. Yes. Q. Doctor, you were asked some questions about what you have and have not
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold standard? MR. DeGREEFF: I'm going to object to form. BY MS. GERSTEL: Q. For surgical treatment of stress urinary incontinence in women? A. Yes. Q. Did the vast majority of your	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as to the safety and efficacy of those products as based on the highest levels of medical literature? MR. DeGREEFF: Object to form. A. Yes. Q. Doctor, you were asked some questions about what you have and have not reviewed
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold standard? MR. DeGREEFF: I'm going to object to form. BY MS. GERSTEL: Q. For surgical treatment of stress urinary incontinence in women? A. Yes. Q. Did the vast majority of your patients have excellent results with	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as to the safety and efficacy of those products as based on the highest levels of medical literature? MR. DeGREEFF: Object to form. A. Yes. Q. Doctor, you were asked some questions about what you have and have not reviewed MS. GERSTEL: Strike that.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. GERSTEL: I know we're all running on fumes. EXAMINATION BY MS. GERSTEL: Q. Dr. Lind, you were asked some questions about the Advantage Fit Boston Scientific sling that you had a role in developing. Is that correct? A. Yes. Q. Is it your opinion, despite that role in developing the Advantage Fit sling, that retropubic TVT is the gold standard? MR. DeGREEFF: I'm going to object to form. BY MS. GERSTEL: Q. For surgical treatment of stress urinary incontinence in women? A. Yes. Q. Did the vast majority of your	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	testifying for him. I asked him MR. DeGREEFF: I'll just keep objecting. That's fine. BY MS. GERSTEL: Q. Doctor, you were asked some questions regarding your own experience and results treating patients with TVT-O, TVT-Exact, and TVT-Abbrevo. Is that correct? A. Yes. Q. Is your own experience with TVT-O, TVT-Abbrevo, and TVT-Exact consistent with what you have opined on as to the safety and efficacy of those products as based on the highest levels of medical literature? MR. DeGREEFF: Object to form. A. Yes. Q. Doctor, you were asked some questions about what you have and have not reviewed

Page 366 Page 368 MR. DeGREEFF: I just have two materials list. 2 2 Correct? questions. 3 **FURTHER EXAMINATION BY** A. Yes. O. And you were asked some MR. DeGREEFF: questions regarding which of the documents Q. Which device did you agree with on that list you had or had not reviewed. counsel was the gold standard device? 7 A. I would say the retropubic TVT Correct? 8 as well as the TVT-O. A. Yes. 9 9 Q. Doctor, is it true that you read Q. Okay. 10 many, many medical articles and company Why are you not using the gold documents and depositions and other such standard device? 11 12 materials since you began your expert work 12 MS. GERSTEL: Objection. 13 with Ethicon? 13 A. I do use the TVT-Exact, which I 14 MR. DeGREEFF: Object to form. consider to be the extremely similar device with a modification that I like, 15 A. Yes. Q. As you sit here today, is it 16 which is a narrower shaft. 17 true that you may or may not recall 17 O. You use it in one out of ten of specific documents that you have reviewed 18 your patients? 19 19 that are listed on your materials list? A. Right. Q. Why would you not use the gold 20 MR. DeGREEFF: Object to form. 20 21 A. That's true. standard device in all of your patients? 22 MS. GERSTEL: Objection. Q. And is that particularly true if you weren't shown the document when asked A. Because there was a -- there was if you had or had not reviewed them? a decision at one point to bring on Page 367 Page 369 ¹ Caldera for financial reasons. At that 1 MR. DeGREEFF: Object to form. 2 point, we were asked to convert over to A. Yes. 3 Q. I think that this was adequately that and see if it met our needs. It met covered by plaintiff's counsel's my needs, and I like the flexibility, and questioning. I started using it for good fraction of my But, doctor, were you asked some 6 cases. 7 7 questions regarding whether you had --Q. Are you breaching the standard MS. GERSTEL: Well, strike that. 8 of care by not using the gold standard 9 Q. Doctor, earlier in this device? 10 10 deposition you testified regarding closer MS. GERSTEL: Objection. 11 A. I'm using an FDA-approved device analysis that you have done recently of 12 the Schimpf, Teo, and Okulu articles. that I feel is excellent for its intended 13 Is that correct? purposes, and it's been performing well for several years. 14 A. Yes. O. Yes or no, you are not using 15 15 Q. After that closer analysis of those articles, did your opinions as what you just testified is the gold 17 expressed in your report that's been standard device. 18 marked as Exhibit 8, did your opinions Correct? 19 change as a result of that closer analysis 19 MS. GERSTEL: Objection. of those articles? 20 20 A. I'm using the TVT-Exact in 21 21 one-tenth of my cases, yes. A. It didn't. It became 22 Q. In 90 percent of your cases, you strengthened with regards to the safety profile of the TVT-O. are not using the device you have just testified is the gold standard device. 24 MS. GERSTEL: That's all I have.

	Lawrence		
	Page 370		Page 372
1	Right?	1	then they give their they give their
2	MS. GERSTEL: Objection.	2	affirmation and every authoritative agency
3	A. Correct.	3	that's approving and ratifying midurethral
4	Q. You were asked by your counsel	4	slings as the standard of care ratifies
5	if	5	midurethral slings.
6	MR. DeGREEFF: Strike that. It	6	So, it is while would
7	doesn't matter.	7	certainly agree that the largest amount of
8	All right. I'm done.	8	data on midurethral slings comes from
9	MS. GERSTEL: I just have one	9	Ethicon, the number of time and decades
10	follow-up.	10	and years and studies that have proven
11	FURTHER EXAMINATION BY	11	that the results are similar make it a
12	MS. GERSTEL:	12	midurethral sling and not necessarily a
13	Q. Doctor, this isn't a document	13	Gynecare TVT midurethral sling which is
14	that we have marked as an exhibit in this	14	the standard of care.
15	deposition, but are you familiar with the	15	So, in that regard, I continue
16	AUGS SUFU position statement on	16	to use the standard of care.
17	midurethral slings?	17	MR. DeGREEFF: Okay. I'm going
18	THE WITNESS: Actually, I need	18	to ask a follow-up question. I'll let
19	it I think I answered incorrectly	19	your counsel finish.
20	on your last question.	20	MS. GERSTEL: Okay.
21	MR. DeGREEFF: Well, we've got a	21	BY MS. GERSTEL:
22	different question pending now. So if	22	Q. Doctor, I think you anticipated
23	your counsel wants to clear something	23	what my question was going to be.
24	up with you, she can ask you a	24	First, doctor, I believe that
	Page 371		Page 373
1	question.	1	you just misspoke now when you said
2	THE WITNESS: It has to do with	2	"polyester."
3	the gold standard.	3	Did you mean polypropylene?
4			A 37
	MS. GERSTEL: Go ahead.	4	A. Yes.
5	MS. GERSTEL: Go ahead. MR. DeGREEFF: No, she can ask	5	A. Yes. Q. And, doctor, I'll just re-ask
5 6		5 6	
	MR. DeGREEFF: No, she can ask	5	Q. And, doctor, I'll just re-ask
6	MR. DeGREEFF: No, she can ask you a question if she wants to ask you	5	Q. And, doctor, I'll just re-ask that question.
6	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it.	5 6 7	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS
6 7 8	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL:	5 6 7 8	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh
6 7 8 9	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to	5 6 7 8 9	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings?
6 7 8 9	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended	5 6 7 8 9	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous
6 7 8 9 10	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response.	5 6 7 8 9 10 11	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement
6 7 8 9 10 11 12 13 14	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the	5 6 7 8 9 10 11 12 13	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as
6 7 8 9 10 11 12 13 14	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the preponderance of the data. The	5 6 7 8 9 10 11 12 13 14	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as the gold standard in surgical treatment
6 7 8 9 10 11 12 13 14 15	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the preponderance of the data. The meta-analyses that go over all the slings	5 6 7 8 9 10 11 12 13 14 15 16	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as the gold standard in surgical treatment for stress urinary incontinence in women?
6 7 8 9 10 11 12 13 14 15 16	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the preponderance of the data. The meta-analyses that go over all the slings and all the data for slings certifies	5 6 7 8 9 10 11 12 13 14 15 16	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as the gold standard in surgical treatment for stress urinary incontinence in women? A. Yes, it does.
6 7 8 9 10 11 12 13 14 15 16 17	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the preponderance of the data. The meta-analyses that go over all the slings and all the data for slings certifies polyester synthetic midurethral slings as	5 6 7 8 9 10 11 12 13 14 15 16 17	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as the gold standard in surgical treatment for stress urinary incontinence in women? A. Yes, it does. Q. And do you agree with that
6 7 8 9 10 11 12 13 14 15 16 17 18	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the preponderance of the data. The meta-analyses that go over all the slings and all the data for slings certifies polyester synthetic midurethral slings as the gold standard of care. The	5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as the gold standard in surgical treatment for stress urinary incontinence in women? A. Yes, it does. Q. And do you agree with that opinion?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the preponderance of the data. The meta-analyses that go over all the slings and all the data for slings certifies polyester synthetic midurethral slings as the gold standard of care. The meta-analysis do not specify Gynecare TVT	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as the gold standard in surgical treatment for stress urinary incontinence in women? A. Yes, it does. Q. And do you agree with that opinion? A. I do.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the preponderance of the data. The meta-analyses that go over all the slings and all the data for slings certifies polyester synthetic midurethral slings as the gold standard of care. The meta-analysis do not specify Gynecare TVT as the standard of care.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as the gold standard in surgical treatment for stress urinary incontinence in women? A. Yes, it does. Q. And do you agree with that opinion?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the preponderance of the data. The meta-analyses that go over all the slings and all the data for slings certifies polyester synthetic midurethral slings as the gold standard of care. The meta-analysis do not specify Gynecare TVT as the standard of care. So, Ford and Cochrane specify	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as the gold standard in surgical treatment for stress urinary incontinence in women? A. Yes, it does. Q. And do you agree with that opinion? A. I do.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MR. DeGREEFF: No, she can ask you a question if she wants to ask you something about it. BY MS. GERSTEL: Q. Doctor, what were you going to say? MR. DeGREEFF: I'm going to object to the form. That's open-ended and allows for a narrative response. A. Well, the TVT by Ethicon has the preponderance of the data. The meta-analyses that go over all the slings and all the data for slings certifies polyester synthetic midurethral slings as the gold standard of care. The meta-analysis do not specify Gynecare TVT as the standard of care.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. And, doctor, I'll just re-ask that question. Are you familiar with the AUGS SUFU position statement on mesh midurethral slings? A. Yes. Q. And does that position statement refer to polypropylene type 1 macroporous mesh midurethral slings regardless of route, transvaginally or retropubic, as the gold standard in surgical treatment for stress urinary incontinence in women? A. Yes, it does. Q. And do you agree with that opinion? A. I do.

	Page 374	Τ	Page 376
1	FURTHER EXAMINATION BY	1	ERRATA
2	MR. DeGREEFF:	2	PAGE/LINE/CHANGE / REASON
3	Q. Doctor, you are now withdrawing	3	THOSE / SINCE / THE BOTT
4	your earlier statement that the TVT	4	
5	products are the gold standard.	5	
6	Correct?	6	
7		7	
8	MS. GERSTEL: Objection.	8	
9	A. I would say based on the	9	
10	meta-analysis, yes.	10	
11	Q. What your testimony is is that	11	
12	you believe midurethral slings to be the	12	
13	gold standard.	13	
	Right?		
14	A. Yes.	14	
15	MR. DeGREEFF: No further	15	
16	questions.	16	
17	(Deposition adjourned at	17	
18	approximately 7:57 p.m.)	18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
	Page 375		Page 377
1	ACKNOWLEDGMENT	1	CERTIFICATE
2		2	STATE OF NEW YORK
3	STATE OF)	3	COUNTY OF NEW YORK
4	:ss	4	
5	COUNTY OF)	5	I, Marie Foley, RMR, CRR, a
6		6	Certified Realtime Reporter and Notary
7	I, LAWRENCE LIND, M.D., hereby	7	Public within and for the State of New
8	certify that I have read the transcript of	8	York, do hereby certify:
9	my testimony taken under oath in my	9	THAT LAWRENCE LIND, M.D., the
10	deposition of August 8, 2019; that the	10	witness whose deposition is hereinbefore
11	transcript is a true and complete record	11	set forth, was duly sworn by me and that
12	of my testimony, and that the answers on	12	such deposition is a true record of the
13	the record as given by me are true and	13	testimony given by the witness.
14	correct.	14	I further certify that I am not
15 16		15	related to any of the parties to this
1 7 0		16	. 1 11 1
17		16	action by blood or marriage, and that I am
17	I AWDENCE I IND. M.D.	17	in no way interested in the outcome of
	LAWRENCE LIND, M.D.	17 18	in no way interested in the outcome of this matter.
18		17 18 19	in no way interested in the outcome of this matter. IN WITNESS WHEREOF, I have
18 19	Signed and subscribed to before me this	17 18 19 20	in no way interested in the outcome of this matter. IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of
18		17 18 19	in no way interested in the outcome of this matter. IN WITNESS WHEREOF, I have
18 19 20	Signed and subscribed to before me this	17 18 19 20 21	in no way interested in the outcome of this matter. IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of
18 19 20 21	Signed and subscribed to before me this, 2019.	17 18 19 20 21 22	in no way interested in the outcome of this matter. IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of August, 2019.
18 19 20 21 22	Signed and subscribed to before me this	17 18 19 20 21 22	in no way interested in the outcome of this matter. IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of

Case 2:12-md-02327 Document 8654-6 Filed 08/29/19 Page 97 of 97 PageID #: 208061 Lawrence Lind, M.D.

PAGE	LAWYER'S NOTES			
PAGE				
	/ LINE			
		·		
				